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ABSTRACT

The effectiveness of flexible modes of learning in postregistration nursing, midwifery, and health visiting education and practice in England was examined through three surveys and case studies. Of the 874 questionnaires mailed to institutions (colleges of nursing, colleges of higher education, National Health Service (NHS) trusts, hospices, and private-sector institutions), 263 were returned (overall response rate, approximately 30%). The second survey was sent to 31 colleges of nursing and elicited a 100% response. The third survey was sent to 477 representatives of the same institutions the 90th percentile of their high school classes. Postests, administered since 1983, show continuing education for nurses/midwives has had mixed consequences, including the following: the modular nature of programs sometimes leads to a lack of cohesion, reduced sense of organizational unity, marginalization of educators' and organizations' needs, increased stress on teachers, greater consideration of prior experiential learning, reinforcement of the view that the nursing knowledge held by practitioners is important. Appended are the following: questionnaires; performance indicators; interview schedules; dimensions of flexible learning in postregistration nurse education; and list of members of the expert group. Contains 58 references. (MN)

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ED 403 386

THE EVALUATION OF THE EFFECTIVENESS OF FLEXIBLE MODES OF LEARNING IN POST-REGISTRATION NURSING, MIDWIFERY AND HEALTH VISITING EDUCATION AND PRACTICE

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Responsibility for the views expressed, issues of interpretation, questions of inclusion and omission, remain always with the Research Team and do not necessarily reflect the views of the English National Board for Nursing, Midwifery and Health Visiting.

THE EVALUATION OF THE EFFECTIVENESS OF FLEXIBLE MODES OF LEARNING IN POST-REGISTRATION NURSING, MIDWIFERY AND HEALTH VISITING EDUCATION AND PRACTICE

PREFACE

The Board is pleased to publish the report which gathers interpretations of flexible learning held by educational providers and measures the degree of flexibility inherent within post-registration programmes of education. Questionnaire based surveys demonstrated that flexibility is multi-dimensional and therefore difficult and complex to gauge. Flexibility within programmes is evident in the dimensions within teaching and learning where the content of the module and the modes of learning are designed to permit flexibility and meet individual interest. Flexibility aims to improve the educational quality of post registration programmes through improved access, programme availability, increased self direction, increased relevance to match the needs expressed by practitioners and stakeholders.

Through a variety of means the Board ensures that education for practice continues to be relevant both professionally and academically. Research based evidence provides a further important dimension for the development of policy. The findings from all the research commissioned by the Board will be considered with a view to confirming or developing the Boards educational policies.

M. Theobald

Jeff Thompson

Maureen Theobald
Chairman of the Board

Professor Jeff Thompson
Chairman of the Research and Development Group

The Evaluation of the Effectiveness of Flexible Modes of Learning in Post-Registration Nursing, Midwifery and Health Visiting Education and Practice

A Project commissioned by the English National Board
for Nursing Midwifery and Health Visiting

The School of Education, University of Bath
and the Bath and Swindon College of Health Studies

May, 1994 - October, 1995

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Section 1 - Introduction

This document is the report of a project to evaluate the effectiveness of flexible modes of learning in post-registration nursing, midwifery and health visiting education and practice which was commissioned by the English National Board. The Project was jointly undertaken by the School of Education, University of Bath and the Bath and Swindon College of Health Studies.

Following this introductory section, the report is in the following sections.

Section 2 gives the Project application which includes the background, aims, research questions, methodology and management.

Sections 3 and 4 summarise the Project's activities and give an outline of the outcomes of the Project.

Sections 5, 6 and 7 describe the survey phase of the Project and the main findings.

Section 8 describes an analysis and exploration of the purposes and aims of flexible learning.

Section 9 discusses the nature and use of performance indicators and describes the performance indicators for the effective management of flexible learning and their development.

Section 10 is an account of the case study phase of the Project.

Section 11 discusses the significant issues arising from the Project's work.

Section 12 summarises the main conclusions of the Project report.

The references section lists published works referred to in the report.

At the end of the report there are eight appendices which contain various data collection instruments used by the Project, final versions of the dimensions of flexibility, working and final versions of the performance indicators for the effective management of flexible learning, and the membership of the Project's expert group.

Section 2 - The Project Application

1. Background

While it is well established that continuing professional development (CPD) in nursing is crucial to the provision of an effective and well-educated workforce (Madden and Mitchell, 1993), that world of CPD is in a state of considerable flux.

Changes in the management and organisation of the National Health Service (NHS), the major employer of nurses, are having a significant impact on the demand for CPD in nursing. At the same time, nurses themselves are seeking out CPD opportunities in response to the requirement for formal professional updating through PREP (UKCC, 1992) and in response to their own needs to fulfil their professional aspirations. Changes in the career patterns and lifestyles of experienced nurses is adding to and complicating the demand for CPD (Davies, 1990).

The nature of the CPD needs of nurses has important implications for nurse education. The learning needs relate not only to content but are also influenced by a host of other constraints including location, time, prefered learning style and prior experience. The changed and changing context in which learning needs are expressed is also significant. For example, the 'new hospitals' are more concerned with issues such as skill mix than before and practitioner flexibility is becoming important.

The whole matter is further complicated by the emergence of nursing as a profession and a growing awareness of the complex and problematic nature of professional nursing knowledge and its development (see, for example, James and Clarke, 1993; James, 1993a). The problems that nurses solve in their practice are 'messy' in that they are multidimensional, value laden and contextualised. In their practice nurses draw on a wealth of knowledge with great facility but in a way as yet not fully understood. The role of reflective practice (Schon, 1983), the subject of much debate currently in nursing, remains inadequately conceptualised (James, 1993b; James and Clarke, 1994). The contested nature of nursing theory also presents the nurse educator with considerable challenges (James and Clarke, 1994).

All these changes have led to the development of a multiplicity of different modes of delivery of professional education for the post-registration nurse. This increase in flexibility has extended the range of options far beyond those represented by the traditional 'course'. The changes have not happened overnight; they have been gradual and have a history. In essence, the evolution has been driven by a growing understanding of the principles of andragogy (Knowles, 1970), a need to enhance access and an increasing understanding of the nature of professional knowledge.

Historically, there have been three themes in the new modes of CPD all of which have served to increase the flexibility of provision. First, there was distance learning, then open learning, and emerging currently, there is flexible learning itself. All three overlap: in time - they cannot be viewed as clearly sequential; and in characteristics - it is not easy to distinguish unequivocally one from the other. The different modes are difficult therefore to separate and characterise definitively.

Keegan (1980) has argued that there are several defining characteristics of distance education. These include: the separation of the teacher and learner; the influence of the educational organisation in the planning and preparation of learning materials;

the use of technical media to deliver the course content; and the essentially individual nature of the learning process. In a subsequent analysis Keegan (1986) confirmed that the key feature of distance education is *"the quasi-permanent separation* (of the teacher and learner) *throughout the learning process"* (Keegan, 1986, p39) although as Robinson (1989) argues, this is not particularly helpful as distinguishing characteristic since the notion of distance represents a means of education rather than a philosophy or ideology.

Following an evaluation of distance learning in nursing, Rogers, Maggs and Lawrence (1989) reported that although distance learning in nursing was not widespread, the use of distance learning materials had the potential to bring about a range of benefits. These included the potential to *"develop the clinical role of the qualified nurse"* and to *"develop the professional role of the qualified nurse"* (p8).

For the learner an important attraction of distance learning is that it offers the learner some control, conveying a sense of autonomy and independence over the learning process, particularly in respect of where and when to study, a notion to which Keegan (1986) refers as 'privatisation'. For the teacher/teaching organisation there is the attraction of what Robinson, (1989) refers to as the 'industrialisation' of the learning process where large numbers of students can be accommodated by *"the mass production of teaching materials for mass consumption by students"* (p21). Both these attractions taken together are of course also inherent weaknesses in the the use of distance modes of learning in CPD. It can be argued that in their early mass-produced forms, distance learning resources failed to respond to the individual learner's unique learning needs, and did not adequately address the issue of the learner's professional context. Also, in pure distance learning, learner autonomy remained restricted and somewhat illusory. These weaknesses represented significant barriers to professional development by means of distance learning and it was to overcome these barriers and thereby to increase flexibility yet further that open learning emerged (see Bosworth, 1991).

The central notion underpinning open learning is that by exercising choice the learner is in the best position to ensure that her/his needs are met (Lewis and Spencer, 1986). Important aspects of learner choice include: whether or not to learn; content; learning methods; timescale; kinds of support for learning; nature of feedback and assessment and what to do next (see Lewis and Spencer, 1986, p37-38).

Open learning has become widespread in many fields including nursing where arguably it has overcome some of the problems created by pure distance modes of learning. Importantly, the emphasis as in distance learning remains on the use of materials - text, software, video and audio tapes - in the learning process (see Robinson, 1989). Open learning in nurse education has been the subject of study by a research project sponsored by the English National Board - the Development and Promotion of Open Learning Project - which began in 1989. Also, it has been reviewed extensively in a series of monographs specially commissioned by the Board (see for example, Clark and Robinson, 1992).

Interestingly, in 1989 Clark described a 'hybrid course' which consisted of *"part face-to-face teaching and part independent learning based on open learning materials"* (Clark, 1989, p176). She argued that such a hybridisation strengthened the value of the component parts. Clark's case study illustrated the finding of Rogers, Maggs and Lawrence (1989) that a significant majority (85%) of the of the district health authorities used distance learning materials as *"the core of an existing* *continuing professional education event or as supplementary learning materials for conventional continuing professional education events"* (p3). This flexibility of use of materials paralleled the the emergence of the term 'flexible learning' in nursing. Indeed, Clark and Robinson (1992) in an appraisal of open learning in nursing stressed its importance asserting that *"flexibility is a key feature of any open learning system"*. This assertion confirmed the view of the the ENB (1990), a view reiterated by McManus and Lyne (1992).

The term flexible learning became widespread in the 1980s particularly in the further education sector where the focus was on traditional curriculum subjects for example, mathematics and English, and on technical and vocational subjects for example, the Technical and Vocational Education Initiative (Waterhouse, 1990). In this context, systems of flexible learning included resource-based learning, supported self-study, open access workshops, open learning - institution based, and even distance learning. For the learner, flexibility embraced a number of dimensions - aims and content, characteristics and stage of development of the learner, the process of learning and method of assessment (FEU 1983). Specific examples of 'flexible systems' are those which allow a negotiated curriculum to be devised *"to meet his or her particular learning needs"*, and those which encourage *"the use of other resources apart from the tutor including text books, resource centres and libraries, other specialists, peers and so on"* (FEU, 1983, p5).

Kelly and Keely (1992) have used a similar rationale for flexible learning in nursing. They saw flexible learning and open learning as sharing the same philosophy *"with freedom of choice and access to educational opportunities as key tenets"* (p3) but were ready to distinguish the two modes of learning believing that *"too much emphasis is often placed on open learning as a mode of delivery at the expense of the philosophical principles which underpin good practice"* (p4). The 'good practice' rationale for the use of the term 'flexible learning' is one echoed by others such as Waterhouse who saw it in essence as *"good teaching and learning"* (Waterhouse, 1990, p73)

In nursing, there have been a number of flexible learning initiatives such as the Flexible Learning Unit in Manchester (see Kelly and Keely, 1992). Even well established providers of CPD in nursing such as the Open University now stress the flexibility of their materials. Some colleges, such as The Humberside College of Health, have established flexible learning units.

In summary, recent developments in nurse education at post-registration level have increased the flexibility of provision. At the same time the term 'flexible learning' has entered the vocabulary of CPD for nurses. While it would be tempting to say that increased flexibility and flexible learning in CPD for nurses at post-registration level are simply good practice it is not adequate to leave it at that. The term is in use but a conceptualisation of it may not be adequately shared. Also, we know that as the flexibility of the mode of learning increases, so does the requirement for *"well-developed supporting structures"* (McManus and Lyne, 1992). But if educational quality is to be maintained as flexibility is increased, it is essential that these supporting structures are understood and that the activities which contribute to their effective management are identified and shared. Finally and most importantly, it is crucial that we are clear about the nature of the impact that flexible modes of learning has on nursing practice. These issues, the interpretations of flexible learning, ensuring its effectiveness and understanding its impact, are important issues in CPD for nurses. This project presents a significant opportunity to clarify them.

2. Aims of the Project

The overall aims of the project will be:

(a) to establish interpretations of flexible learning in use;

(b) to evaluate the factors contributing to the effective management of flexible modes of learning in Board approved institutions;

(c) to assess the impact of flexible modes of learning on the professional learning experience and achievements of practitioners.

3. Important research questions

Aim (a)

- What is the extent of flexible learning in post-registration nurse education?

- How do nurse educators interpret the term 'flexible learning' in use in post-registration nurse education?

- What is the degree of flexibility in the courses offered at post-registration level?

- How might the differing modes of learning within flexible learning be defined?

Aim (b)

- What are the performance indicators of effective management of flexible learning in post-registration nurse education in respect of:

    - *inputs*, for example, what is the uptake by practitioners?

    - *processes*, for example, what systems of student support are provided?

    - *outcomes*, for example, what is the effect of flexible learning on student motivation?

- How useful are the performance indicators in indicating the effective management of flexible learning in post-registration nurse education?

- What information does the use of performance indicators reveal about the management of flexible learning in post-registration nurse education?

- What contributes to effective management in flexible learning in post-registration nurse education?

- What are examples of good practice in the effective management of flexible learning in post-registration nurse education?

Aim (c)

- What is the impact of flexible learning on the quality of care delivered in practice?

- How does the impact on practice relate to the intentions of the flexible learning programme?

- Do flexible modes of learning develop practitioners professionally and personally?

- Do flexible modes of learning extend nurses' skills of critical analysis and develop reflective practice?

4. Methodology, data collection and analysis

Aim (a)

To achieve aim (a) and answer the associated research questions, two questionnaire-based surveys (see Cohen and Manion, 1992; Thorpe, 1993) will be carried out

The first will be of all institutions - colleges, trusts, hospices - which offer post-registration nurse education in England. The intention will be:

(i) to establish which courses the institutions currently offer and intend to offer in the next 12 months at post-registration level;

(ii) to establish which of those courses the institutions consider use a flexible mode of learning;

(iii) to establish the respondents' explanations of why they consider those courses to be flexible in the mode of learning used.

From this data, preliminary information will be gathered about the extent of flexible learning and about the interpretations of this term in use. Using the information gathered in (iii) together with generic dimensions of flexible learning (FEU, 1983) a dimensions of flexibility in post-registration nurse education instrument will be devised for use in the second survey.

The second survey will be of those institutions contacted in the first survey. The intention will be:

- to gather information such as, outline content (if not ENB approved), target group, number of students and length of course, about the courses listed in the first questionnaire as using flexible modes of learning;

- to allow those institutions which responded negatively to (ii) above to reconsider whether the courses they offer are flexible;

- to establish, using the dimensions of flexibility instrument, the nature and extent of the flexibility of all of the courses offered by institutions which they consider use a flexible mode of learning.

For both surveys, standard procedures for the development of questionnaires will be used (see Cohen and Manion, 1992). The intention would be to achieve a 100% return so that a national topography of the extent and nature of flexible learning can be created. This will be published as a directory of flexible learning in post-registration nurse education in England.

Aim (b)

4.6 To achieve aim (b) a case study methodology will be used (see Cohen and Manion, 1992). A focus group of experts in nurse education and representatives from the case study organisations will identify performance indicators (PIs) in flexible learning in CPD in nursing. The members of the focus group will draw on their own experience and will be prompted by published PIs of flexible learning in other settings (see Sims and Stoney, 1990). The group will use a Delphi technique (Harris and Bell, 1986) to arrive at a consensus. Using these PIs as a framework, case studies of flexible learning courses in nurse education institutions will be carried out.

The case studies will be selected to illuminate important variables such as type of course, type of institution, extent of flexibility in the different dimensions as revealed in the questionnaire-based survey used to achieve Aim (a). It is likely that case studies will be carried out of a total of 30 courses in a total of 10 colleges/providing organisations. Data will be collected by means of interviews with teachers and managers, group discussions with students and documentary analysis. The interviews will be taped and transcribed and the transcriptions will be analysed using standard methods (Miles and Huberman, 1985). The PIs identified by the focus group will give a framework for the case studies, although the data collection will be designed to enable additional PIs to be identified. Examples of case study material will be fed back to an expert group for them to identify and validate examples of good practice.

The case studies, PIs and examples of good practice will be included in the final report and could also be made available separately.

Aim (c)

Aim (c) will be achieved by exploring the learning outcomes of a particular case study course in relation to the intentions and purposes of the course. Data will be collected by means of in-depth interview from 2 or 3 students from each of the courses studied in Aim (b). The students will be selected in order to illustrate the range of variation in the group. This data will be triangulated (see Cohen and Manion, 1992) by the collection of data using interview with the managers of those students interviewed. The interviews will be taped and the analysis of the transcriptions will use standard methods (Miles and Huberman, 1985). Documentary evidence, possibly in the form of portfolios, will also be collected. The outcomes of this aspect of the project will be incorporated in the case studies arising from Aim (b).

A trial case study covering both Aims (b) and (c) will be carried out.

Serious ethical considerations are not anticipated.No individual will be identified in any report. It is not anticipated that there will be problems in gaining access.

5 Project Management

This will be a multi-centre project. The School of Education will contribute expertise principally in educational research project management, research skills, evaluation and professional teaching and learning. The College will contribute expertise in research skills and understanding of nurse education and practice.

Dr Chris James of the School of Education, University of Bath will, as project director, have overall responsibility for the conduct and co-ordination of the project. He will also undertake some data collection, data analysis and report writing. He has considerable experience of managing research and development projects of a variety of kinds, for example, the Health Education for Slow Learners Project (1984 - 1987), most of which are similar in many respects to this project. He will work one day a week on the project. Dr James's curriculum vitae is appended.

The project will employ, as research officer, Brenda Clarke on secondment from her duties as nurse education manager at the Bath and Swindon College of Health Studies. She is a qualified nurse and nurse teacher and has been formally selected from a short-list of five applicants from the staff of the College. Ms Clarke will work full-time on the project and will be based in the School of Education. There she will have ready access to the project director and other members of staff, to the IT systems and to secretarial support. Ms Clarke's curriculum vitae is appended.

The School of Education has a very strong track record in educational research of a range of different kinds and was awarded a 5A, the top grade, in the recent UFC research selectivity exercise. Evaluation and professional learning are particular research strengths.

A significant feature of this project will be the close liaison between the School of Education and the College. From the earliest stages of the preparation of this application members of staff from the two institutions have been in close collaboration. It is the intention to share the progress and outcomes of the project regularly and frequently between colleagues in both institutions.

The project will liaise closely with the partner project which will be working on the Development of Degree Level Distance Learning Materials for Modular Programmes of Preparation Leading to the Higher Award. The estimated cost of such liaison has been included in the project budget.

The project will have a Project Steering Group whose membership will be agreed by the ENB's Research and Development Group An independent chair of the Steering Group would be welcomed by the Project. It is suggested that the Project Steering Group meets four times during the project: at the beginning to receive and comment on the detailed research programme, twice during the project to receive reports on progress and interim papers; and towards the end to receive and comment on the draft final report.

The prefered starting date is May 1st, 1994.

Project timetable

Aim (a)

Questionnaire 1 Development, trial, completion and analysis	May 94 - June 94
Questionnaire 2 Development, trial, completion and analysis	June 94 - Sept 94
Preparation of Directory and Interim Report	Sept 94 - Nov 94

Aims (b) and (c)

Preparation, choice of case study locations	May 94 - Sept 94
Meeting of the focus group	Sept 94
Case study trial	Oct 94
Case study data collection	Nov 94 - May 95
Case study data analysis	Nov 94 - July 95
Meeting of the expert group	July 95
Preparation of final report	Aug 95 - Sept 95
Submission of final report	Oct 95

10. Section 3 - The Project

11. Introduction

12. This section gives an overview of the Project's work to explain broadly the research and development process, and to outline the additional activities, associated with the work of the Project in which the Project members have been involved. This section also gives information about others who have been involved with and supported the work of the Project.

13. An overview

14. The research plan

15. The aims of the project and the research plan are summarised in Section 2 of this report. The relatively straightforward plan was to use surveys and case studies to achieve the Aims set out in the project specification. The first survey of providing institutions would establish the post-registration courses offered by those institutions, which of those courses they considered were flexible and why. This data would then be used, in conjunction with published descriptions of flexibility (for example, FEU, 1983) to develop a dimensions of flexibility questionnaire. From the outset, flexibility was viewed as multi-dimensional; flexibility would not be defined by one characteristic. The dimensions of flexibility questionnaire would then be used in the second survey to collect information about courses which the providing institutions considered were flexible. The intention was to obtain a 'snapshot' of the flexibility of post-registration nurse education provision and to create a directory of flexible learning.

16. Using the dimensions of flexibility on which the questionnaire was based, performance indicators for the management of flexible learning would be developed by a group of experts in flexible learning and representatives of the case study institutions (see below). The rationale was that if a course can be flexible in the ways defined by the dimensions, effective management of flexible learning must ensure that all the dimensions of flexibility are managed effectively. As one of the purposes of the case studies was to explore the management of flexible courses, the performance indicators would be used to frame the data collection for the in-depth case studies. During the case studies, data would also be collected which clarified how flexible learning impacted on the experience and achievements of practitioners. The management practice identified during the case studies would analysed by the experts involved in the development of the performance indicators and good practice identified.

17. Modifications to the plan

18. In essence this plan was followed but was adapted in number of ways. In general the adaptations resulted from a realisation of the fact that flexibility in post-registration nursing is considerably more complex than was anticipated at the outset and that the Project's growing understanding resulting from its research led to a continual updating and improving of earlier descriptions and documentations of the nature of flexibility. This kind of development is not unusual in qualitative research (Sherman and Webb, 1988). The methodology of the project was adapted as follows.

19. The first survey of providing institutions, where course managers were the respondents was followed by a second survey of teachers on those courses in order to obtain their interpretations of flexibility and to validate the course managers' interpretations.

20. Because of the complex nature of flexibility and the modular nature of much of the post-registration provision, it was considered inappropriate to ask providing institutions to describe flexibility of all of the courses they offered. The survey was carried out at a time of unprecedented change in nurse education which would be likely to affect the rate of returns. Also, the number of dimensions of flexibility had increased significantly during the development of the questionnaire. In the event, providers - colleges, trusts and hospices - were asked to use the questionnaire to describe one 'flexible' course, a higher degree, degree or diploma course, an ENB course, a CATS-rated course or a course which has a duration of 60 study hours or more. This change rendered the creation of a directory of flexible learning inappropriate although the data collected in the survey have been analysed to give a picture of the predominant aspects of flexible provision (see Section 7).

21. Again because of the widening range of indicators of flexible learning (a consequence of its complexity) the method used for the development of the performance indicators was modified. The original intention to use a Delphi technique with a focus group was extended and modified (see Section 9).

22. Early in the Project, it became apparent that a study of flexible learning would be incomplete without an exploration of the purposes of flexible learning. The purposes and their development are considered in Section 8. In essence, the purposes were developed from:

23. • data collected in the first survey;

24. • theoretical considerations;

25. • data collected during the case study of individual courses.

26. The developing understanding of flexible learning has resulted in the final versions of the dimensions of flexibility and the performance indicators for the effective management of flexible learning being considerably more complex and sophisticated than earlier draft versions.

27. The Project Team and Membership of the Project Steering Group

28. The Project team was as follows.

29. • Chris James, School of Education, University of Bath (now of the University of Glamorgan Business School)

30. • Brenda Clarke, Bath and Swindon College of Health

31. The membership of the Project Steering Group was as follows.

32. • Professor Chris Day, School of Education, University of Nottingham (Chair)

33. • Professor James Calderhead*, School of Education, University of Bath

34. • Mrs Sonia Crow, Assistant Director for Educational Policy (Research and Development) ENB

35. • Ms Susan Hamer*, Institute of Nursing, University of Leeds

36. • Miss Jane Leatt, Bath and Swindon College of Health Studies

37. • Mrs Bobby Ramsammy, Faculty of Health, University of Greenwich

38. • Ms Liz Redfern, Independent Consultant

39. • Professor Kate Robinson*, Faculty of Health Care and Social Studies, University of Luton

40. • Ms Ann Tucker, Assistant Director for Educational Policy (Policy Development) ENB

41. (* unable to contribute to the work of the Project)

42. The Project's approach

43. As is appropriate for a project exploring and evaluating aspects of professional practice, the Project has consistently attempted to take an approach characterised by researching with the profession rather than researching on the profession. This has involved the Project in checking wherever possible with colleagues in the profession to ensure that Project's activities were appropriately grounded in professional practice. In this regard, the Project expresses its appreciation to those who have supported the Project's work. These include the Board itself, through Mrs Sonia Crow, Assistant Director for Educational Policy (Research and Development) and the Board's Research and Development Committee; The Project Steering Group; the members of the expert group (see above and Appendix G) and the representatives of the case study institutions (who cannot be named for reasons of confidentiality). Thanks are also due to the colleagues who gave up their time to be interviewed during the case study data collection and colleagues who completed the questionnaires during the survey phase of the project.

44. The membership of the Project Expert Group was as follows.

45. • Rose Allen, Avon and Gloucester College of Health Studies

46. • Linda Brown, University of the South Bank

47. • Cathy Hull*, MacMillan Open Learning

48. • Jan Kelly, Synapse Flexible Learning Unit, Trafford General Hospital and Independent Consultant

49. • Liz Redfern, Independent Consultant

50. (* unable to contribute to the work of the Project)

51. Associated activities

52. During the life of the Project, the members of the Project team have engaged in various activities with have been associated with the research work of the Project. These activities have included presenting the following conference papers.

1. Clarke B A & James C R (1994) The evaluation of flexible modes of learning in nurse education. Paper presented to the 5th International Participative Nurse Education Tomorrow Conference, Durham, September, 1994.

2. James C R and Clarke, B A (1994) A project to evaluate the the effectiveness of flexible learning in post-registration nurse education. Paper presented to a research seminar at the Bath and Swindon College of Health Studies, November, 1994.

3. James C R & Clarke B A (1995) The development of performance indicators for the effective management of flexible learning in post-registration nursing, midwifery and health visiting education. The 1995 Conference of the Association for Educational and Training Technology, Plymouth, April, 1995.

4. James C R & Clarke B A (1995) The development and use of performance indicators for the effective management of flexible learning in post-registration nursing, midwifery and health visiting education. Paper presented to the 6th International Participative Nurse Education Tomorrow Conference, Durham, September, 1995.

53. The Project team also gave a poster presentation describing the Project's activities at the English National Board Research and Development Conference, NEC Birmingham, November, 1994. The Project has participated in the Flexible Learning in Higher Education Network which is based in the south west of England. Members of the Project have also participated in conferences of ENB commissioned projects organised by the Board in August, 1994 and August 1995.

Section 4 - Summary of Project Outcomes

Introduction

There have been a number of outcomes from the Project. The main ones are summarised in this section.

The outcomes of the Project

The survey of flexible learning in post-registration nurse education

The data collected in Survey 3 about the dimensions of flexibility of a course/module, gives an indication of the principle ways in which flexible learning is interpreted by providers of post-registration in England (contributes to the achievement of Project Aim A). The survey, the development of the Dimensions of Flexibility Questionnaire, and the findings themselves are given in Section 7. The main outcomes, are summarised as follows

For all providers there were broad similarities in the ways in which courses considered by providers to be flexible were characterised. The majority of modules/programmes only run when a minimum of learners have enrolled. However providers of continuing professional development in general offer the modules/programme at more than one location but colleges of nursing are more likely to offer the opportunity to study outside of normal working hours. Most modules/programmes offered by colleges of higher education have a fixed starting date during the year. The other providers offer some choice with two or more entry points. All providers require the learner to attend for some learning activities at a specified time and the majority of modules and programmes have fixed finishing dates.

The content of most modules/programmes is specified by the teacher, institution or external agency. Modes of learning are not restricted to lecturing and reading prepared materials and teacher guidance and support is given when required. For the majority of modules/programmes, the learner's pace of progress is negotiated between the teacher and learner.

Assessment takes place at the end of the majority of modules/programmes. A range of written assessment evidence is accepted and negotiated by the learner and the teacher. The same assessment criteria are used for all learners.

The dimensions of flexibility in post-registration nurse education

An understanding of the main dimensions of flexibility has been emerging throughout the life of the project. The first set of dimensions produced by the project was used as a basis for the Dimensions of Flexibility Questionnaire which was used in Survey 3 and is presented in Section 7. Following the later stages and activities of the Project, most notably the case study data collection and analysis, these dimensions have been revised and are presented in Appendix E (contributes to the achievement of Project Aim A). A summary of the dimensions is presented here.

Summary of the Dimensions of Flexibility of Modules/Programmes in Post-Registration Nurse Education

PROVISION AND ACCESS

A. Planning the module/programme

B. Modularisation

C. Credit-rating

D. Choice available to the learner

- ***D.1. Choice and recruitment***
- ***D.2. Choice and pre-conditions***
- ***D.3. Choice of module/programme***

E. Starting date of the module/programme

F. Entry to the module/programme

- ***F.1. Provision of information to potential learners***
- ***F.2. Entry requirements***
- ***F.3. Sponsorship***

G. Modes of study available to the learner

H. Provision of the module/programme

- ***H.1. Classroom-based sessions***
- *H.1.1. Scheduled times of the classroom-based sessions*
- *H.1.2. The starting and finishing times of classroom-based sessions*
- *H.1.3. The location of the classroom-based sessions*
- ***H.2. The practice element of the module***
- *H.2.1. The location of practice placement*
- *H.2.2. Choice of practice placement*
- *H.2.3. Constraints on use of practice placements as a result of quality controls.*

I. Requirement to attend

J. Payment for attending/studying

K. Payment for module/programme

- ***K.1. Source of payment***
- ***K.2. Method of payment***
- ***K.3. Time of payment***

L. Finishing date of the module/programme

TEACHING AND LEARNING

M. Content of the module/programme
N. Teaching and learning activities
O. Resources for teaching and learning
  O.1. The teacher as the resource for learning
  O.2. The use of learning packages
P. Access to teacher guidance
  P.1. Availability of teacher guidance
  P.2. The nature of teacher-learner contact
Q. Pace of progression through the module/programme

ASSESSMENT

R. Assessment of theory
  R.1. Pattern of assessment
  R.2. Timing of assessment
  R.3. Assessment task
  R.4. Form of assessment evidence
  R.5. Assessment criteria
S. Assessment of practice
  S.1. Pattern of assessment
  S.2. Timing of assessment
  S.3. Method of assessment
  S.4. Form of assessment evidence
  S.5. Assessment criteria

EVALUATION

T. Evaluation

The purposes and aims of flexible learning in post-registration nurse education

Part of the Project's work has been the elucidation of the purposes for flexible learning in post-registration nurse education. The underpinning of those purposes and the purposes themselves are explained in Section 8 (contributes to the achievement of Project Aims A, B and C). The purposes in summary are as follows.

1. To improve practitioners' access to professional development opportunities.

2. To improve the availability of professional development opportunities.

3. To encourage self-direction in professional development.

4. To improve the relevance of professional education.

5. To improve the way in which practitioners' individual professional development needs are met.

6. To improve the way in which the needs of other stakeholders are met.

Identifying that a key purpose of flexible learning is the improvement of practice is a significant outcome of the Project.

The purposes can be translated into aims for flexibility in post-registration nurse education. They are:

- to give practitioners access to professional development opportunities;

- to make professional development opportunities available;

- to make practitioners self-directed in their professional development;

- to provide relevant professional development experiences;

- to meet individual practitioner's professional development needs;

- to meet the needs of other stakeholders in professional development.

Performance indicators for the management of flexible learning in post-registration nurse education

An important part of the Project's work has been the development of performance indicators (PIs) for the management of flexible learning in post-registration nurse education. As with the dimensions - and along with the development of the dimensions - the PIs themselves have developed and been expanded. They now provide a comprehensive range of indicators.

The development of the PIs is explained in Section 9 which also contains the 'working version' of the PIs (working in the sense that they would underpin the work of the of the Project in collecting data during the case studies and in the sense that they were seen as interim - they would be revised following the case study data analysis).

The working version is presented in Section 9 and the final set of indicators is presented in Appendix F (contributes to the achievement of Project Aim B). In that final set, the indicators which were developed and seen to be 'core indicators' are presented in normal type while those in italics are those that the expert group viewed as particularly significant to a particular aspect of effective flexible learning management. The core indicators are presented here.

Core performance indicators for the effective management of flexible learning in post-registration nurse education

Pre-conditions
In respect of a dimension of flexibility:

1. How is the extent to which flexibility should underpin provision stated in policy documents?

2. How is equality of opportunity ensured?

3. How is flexibility of provision influenced by the needs of the stakeholders?

4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?

5. What provision is there for the development of staff?

6. How are the resources required for flexible provision considered?

7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?

8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?

9. How is information about the flexibility of provision made available to the learner?

Process
In respect of a dimension of flexibility:

10. How is the effect of flexible provision on the work of members of staff monitored?

11. How is the effective use of resources analysed during the module/programme?

12. How is information for learners on any changes in the flexibility of provision updated?

13. How do learners negotiate any variations in provision?

14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of a dimension of flexibility:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

16. How has flexible provision enabled the needs of the stakeholders to be met?

17. How effectively are resources used in the flexible provision of the module/programme?

18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?

19. How are the learners' individual needs met?

20. How is the flexibility of provision evaluated?

21. What improvements are made to the flexibility of the module/programme?

Case studies of the management of flexible learning in post-registration nurse education

A key part of the Project's work has been the case study of flexible courses in post-registration nurse education. These in depth studies present an insight into flexible provision and its management and the case study reports are included in Section 10. The case studies are essentially descriptive and in each case study report the main findings are summarised and documented. Attention is drawn to those issues which emerged and which are of significance and these issues are documented. The purpose of flexible learning was explored in depth and is documented (this has supported the Project's work in linking purpose and aims to practice in order to understand effectiveness). The impact of flexible learning on the experience and achievements of practitioners was explored and documented (see below) and particular aspects of flexible learning management were likewise explored in detail and documented.

The effectiveness of the PIs (and the data collection instruments derived from them - see Appendix D) in facilitating an exploration of flexible learning in the case studies has allowed the the factors which contribute to the effective management of flexible learning (the PIs) to be evaluated which contributes substantially to the achievement of Project Aim B.

Documentation of the way in which flexible learning in post-registration nurse education impacts on the experience and achievements of practitioners

The case study phase of the project allowed the impact of flexible learning in post-registration nurse education on the experience and achievements of practitioners to be explored. The different forms of impact are described in Section 11 (achievement of Project Aim C). The main outcomes of the Project's work in this area are summarised below.

Being able to use AP(E)L was an important feature for learners and encouraged them to consider continuing professional development programmes. The module/programme being offered outside of normal working hours, flexibility of starting times for study days and flexible methods of payment all enabled nurses to access the modules/programmes which they were studying. Learners stated that without this flexibility they would not have been able to undertake the study programme.

Negotiated content and topic areas for assessment enabled learners not only to study topics of interest to them but enabled them to study topics which were relevant to their clinical practice. Some learners however found the process of flexible learning difficult to manage. This was often due to their previous experience of a teacher-centred nurse education system.

Section 5 - Survey 1

Introduction

This section outlines the purpose, development and the results of Survey 1.

Purpose

The purpose of Survey 1 was to begin to find out how providers of post-registration used and interpreted the term 'flexible learning'. The intention was to find out :

- which courses were provided in the last 12 months in Board approved institutions for continuing professional development for nurses, midwives and health visitors, which were considered by the institution to use a flexible mode of learning;
- why the providers considered the courses they identified were flexible in the mode of learning they used.

Development of the data collection instrument

The scope of the questionnaire was determined in part through discussion with nurse education practitioners (an important feature of the Project's work generally). On the basis of these discussions it was decided that the information sought in Survey 1 should be confined to higher degrees, degrees, diploma courses, ENB courses, CATS-rated courses and modules and other courses which had a duration of 60 hours of study or more. The survey sample, the the Board approved institutions which provided post-registration nurse education, was defined by the aims of the Project (see section 2).

A trial questionnaire was designed and piloted as indicated by the table below.

Institution	*Number of questionnaires sent out*
Coll of Nursing and H E	n = 4
NHS Trust	n = 4
Hospices	n = 4
Private Sector	n = 3

In addition to this trialling, a copy was sent for comments to Professor Davenhall who as a member of the English National Board represents the independent sector of health care.

From the comments received it was necessary to make minor changes in the format and presentation of the questionnaire only.

The survey

The revised questionnaire was sent to all institutions and establishments in England which offer post-registration nurse, midwifery and health visiting education. Reminder letters were sent out as necessary to those institutions and establishments which did not respond. The response rate was as follow.

Institution	*Number of questionnaires sent out*	*Number of questionnaires returned*	*Response rate %*
Coll of Nursing	n = 61	n = 46	75
Coll of H E	n = 19	n = 14	74
NHS Trust	n = 382	n = 90	24
*1st Wave	n = 53	n = 17	32
*2nd Wave	n = 90	n = 28	31
*3rd Wave	n = 122	n = 26	21
*4th Wave	n = 117	n = 19	11
Hospices	n = 25	n = 21	84
Private Sector	n = 05	n = 02	40

** 1st wave, 2nd wave etc refers to the timing at which the health care organisation gained Trust status.*

The work of the Project spanned a particularly difficult time in nurse education as colleges of nursing were amalgamating and incorporating into higher education. These changes played a major role in the decisions of colleges to participate in the study. In addition difficulties were encountered in ensuring that the questionnaires reached the appropriate people within the trusts as job titles and responsibilities varied considerable between trusts. The role of the trusts in providing continuing professional development was also variable.

Data analysis

The data demonstrated a wide variation between the number and nature of modules/programmes offered by the providers. There was also a wide variance between the number of providers who were able to offer a flexible approach to learning. Data were analysed using open coding (Berg 1989). Content analysis was accomplished through the use of coding fames. These were used to organise the data leading to the identification of core categories and sub-categories.

The categories identified from the data from college are listed below.

- Recognition and use of AP(E)L
- Modes of teaching and learning - the use of a variety of modes of teaching including self-directed learning
- Resources for teaching and learning including the use of learning packs
- Location - more than one site offered as study base
- Timing - this included negotiated length of time to complete module/programme
- Negotiated attendance - this included providing evening and weekend sessions
- Flexible entry and exit points during the module/programme
- Clinical placement - learning could continue in the learner's work place and learning as part of the programme could take place 'on the job'
- Assessment - negotiated choice of topic for assessment and negotiated assessment and/or submission dates

Data from the trusts were analysed separately as it was felt that the trusts' interpretation of flexible learning may differ from mainstream education providers. It is interesting to note however that analysis of this data revealed categories similar to those which emerged in the analysis of data from colleges and hospices with only some differences which are indicated below. The extra categories that emerged from the trusts' responses are listed as follows.

- The use of modular pathways - with the emphasis on CATS-rated modules/programmes. In addition to this the provision of modules/programmes should respond to the needs of the individual and service.
- Timing - learners should study in their own time and at their own pace.
- Clinical placement - learners should have supernumerary status in the clinical area and there should be limited time spent away from the clinical area.

The questionnaire data received from colleges of nursing had mostly been provided by education managers and it was considered appropriate to consider whether teacher's perceptions of flexible learning might differ from those of their managers. In order find out teachers' perceptions of flexible learning, an additional survey, Survey 2 was carried out. This survey is described in the following section.

Section 6 - Survey 2

Introduction

This section describes the survey of nurse educators carried out to elicit their views on the nature of flexibility in post-registration nurse education. It outlines the purpose, the development of the research instrument - a questionnaire - the scope of the survey, the administration of the questionnaire and the results obtained.

The purpose

The purpose of the survey was to gather data on the views of nurse teachers on the the nature of flexibility in post-registration nurse education.

Development of the research instrument

Questions contained in the questionnaire were devised from the questions posed in the questionnaire used as the data collection instrument in Survey 1. The questionnaire was sent to three nurse teachers for piloting and, as they had no comments on either the design or the content, no modifications were deemed necessary.

Scope of the survey

The questionnaire was sent out to colleges of nursing who, at that point in the work of the Project, had already responded to the questionnaire in Survey 1. A letter to the principal/chief executive of the college explained that in this survey we aimed to seek the perceptions of nurse teachers and asked if they could pass on the accompanying questionnaire to a member of their staff who taught on continuing professional development programmes which used flexible modes of learning.

Response

Number of colleges of nursing who were sent the questionnaire n = 31

Number of questionnaires returned n = 31 response rate 100%

Data analysis

Open coding was used as in Survey 1 (Berg, 1988) to analyse the data from this questionnaire. Although the categories identified mirrored in many ways those arising from an analysis of the data collected during Survey 1, the information provided by the teachers clearly focused on flexibility within the teaching and learning process.

Section A of the questionnaire contained the following statement:

"A course could be described as using flexible modes of learning if it:-"

That stem elicited the following categories of response from teachers.

Structure and management (referred to later in the study as Provision and Access)

- The place of delivery and the time of delivery is convenient to learner
- Option on length of course
- Methods of payment varied e.g. direct debit instalments etc
- Hours of study programmed according to service needs

Teaching and Learning

- Students are able to study for the award at own pace
- Students have a choice of learning methods and there is provision for negotiated learning between learner and teacher
- The course outcomes meet the needs of the learner
- One to one system of tutorials is available at differing times of the day/evening
- Student-centred process rather than product lead
- Emphasis on reflection and personal growth and development
- Open to a range of disciplines
- Uses students own learning styles
- Self-directed learning

Assessment

- Flexible deadlines for written work completion
- Varied selection of assessment instruments

Section B of the questionnaire contained the following statement:-

"Please give examples of flexibility in teaching and learning in your own practice in post-registration nurse education".

That request elicited the following categories of response from teachers.

Structure and management (referred to later in the study as Provision and Access)

- Student choice in selecting modules
- Course offered in whole weeks or single days over a number of weeks
- Attendance negotiable
- Offer CATS-rated modules
- Lessons and tutorials available in both day time and evening
- Work through modules at own pace
- Modes of payment of fees vary

Teaching and Learning

- Choice for students to develop portfolios
- Good selection of learning resources
- Learning needs and strategies negotiated with the students
- Setting own learning outcomes
- Discussion with staff on progress and remedial help offered
- Study skills offered
- Distance learning/open learning/supported by other learning material
- Self-directed learning

- Tutorial support by telephone etc
- Varied teaching styles
- Discussion on content of study day
- Negotiated placements
- Own choice of mentors

Assessment

- Choice in types and timing of assessments
- Assessment negotiable

Issues arising

The outcomes of this survey complemented and extended the understandings of the nature of flexible learning and the way in which it was interpreted by nurse education practitioners. The outcomes of this survey were used in conjunction with the outcomes form Survey 1 and interpretations of the meaning of flexible learning in the literature, to develop the Dimensions of Flexibility Questionnaire which was used in Survey 3. Survey 3 and the outcomes of it are described in the next section.

Section 7 - Survey 3

Introduction

This section outlines the purpose, development of data collection instruments, scope, administration and the results of a survey of providers which was carried out to explore in detail the nature of the flexibility of a module/programme that they considered to be flexible.

Purpose

The purpose of this survey was to explore in more detail (than had been possible in Surveys 1 and 2) how nurse education practitioners interpreted the term 'flexible learning' in use.

Development

The data collected in Surveys 1 and 2 gave some indications of the way in which 'flexibility' was interpreted by practitioners. These indications together with descriptions of flexible learning in the public domain (for example, FEU, 1983; Waterhouse, 1990; Kelly and Keely, 1992) framed the development of a questionnaire.

In developing the questionnaire, the Project relied heavily upon a network of colleagues in nurse education who were active in commenting on and helping to revise successive versions. During this process the dimensions were not only refined but additional statements under the dimensions and indeed additional dimensions were created.

Scope of the survey

The original scope of this questionnaire had to be curtailed in the light of the preliminary research work. The Project had intended that the Dimensions of Flexibility Instrument (the title given to the questionnaire) would be used to gain information about the flexibility of all the programme/modules offered by an institution. However, it became clear that this was inappropriate and that the Dimensions of Flexibility Instrument would be more appropriately used to gain information on a sample of modules/programmes offered. The changes were made to the 'sampling' for the following reasons.

Firstly, it became clear that the number of modules/programmes offered by many institutions which were flexible in some way was much greater than we had understood at the start of the project.

Secondly, to gain a useful and valid 'picture' of the nature of flexible learning, we had to extend considerably our early estimates of the number of descriptors of flexibility. This change was made largely on the basis of data gained from the Survey 1 and Survey 2. As a result, the Dimensions of Flexibility Instrument was in fact a much larger document than we originally envisaged.

The Project considered that these two points taken together would have serious implications for the response rate for a survey using the the Dimensions of Flexibility Instrument. This in turn meant that obtaining anything like a complete picture of the nature and extent of flexible learning would be very difficult. Further to this, the value of the 'complete snapshot' had been eroded somewhat because of reports we had received through the questionnaire returns from all kinds of providers - Colleges of Nursing and Higher Education especially - of the state of flux in which they found themselves. The changes taking place affected not only to their internal organisation but also the provision of programmes at post-registration level. So, a complete survey would have given a picture of a rapidly changing scene.

Following development, the Dimensions of Flexibility Instrument was piloted as indicated below.

Institution	*Number of questionnaires sent out*
Coll of Nursing and H E	n = 5
NHS Trust	n = 5
Hospices	n = 2

In addition to this piloting, copies of the questionnaire were sent to the Steering Group for their comments. Minor adjustments were deemed necessary as a result of the comments received. The Dimensions of Flexibility Instrument was sent out to all providers of continuing professional development who had indicated in the first survey that they were willing to participate.

The institutions surveyed and the response are given below.

Institution	*Number of questionnaires sent out*	*Number of questionnaires returned*	*Response rate*
Colleges of Nursing	n = 57	n = 45	79%
Departments in higher education institutions	n = 19	n = 10	53%
NHS Trusts	n = 378	n = 55	14%
Hospices	n = 18	n = 13	72%
Private Sector	n = 5	n = 2	40%

Data analysis. The data was analysed according to the descriptors which characterised each dimension. Each cited descriptor statement was recorded and the total number recorded as a percentage of the number of respondents in each set of the provider groups. The findings are summarised in tabular form as follows.

COLLEGES OF NURSING

STRUCTURE AND MANAGEMENT	
Provision of module/course	%
1. Module/course only runs when a minimum number of students have enrolled	84
2. No minimum number of students for the module/course to run	24
3. The institution offers this module/course at one location only	22
4. The institution offers this module/course at more than one location	84
5. The module/course is offered outside normal working hours	62
6. The module/course is offered only during normal working hours	42
Module/course choice	
1. Module/course as the only option at a particular time	35
2. Module/course always offered as one of a choice of the same group of modules	46
3. Module/course offered as one of a choice of a different group of modules on each occasion	42
Starting date of module/course	
1. One fixed point during the year	11
2. Some choice eg two or more entry points during the year	82
3. Entry at any time	8
Entry requirements	
1. Specific qualifications and experience required	33
2. Specific qualifications required	20
3. Range of qualifications and experience accepted	68
4. Evidence of learning from appropriate experience accepted (eg APEL)	73
5. No entry requirements	2
Mode of attendance	
1. No requirement to attend an educational establishment for module/course learning activities	4
2. Negotiated requirement to attend an educational establishment for module/course learning activities	24
3. Required to attend an educational establishment for some module/course learning activities at a specified time.	75
4. Required to attend all module/course learning activities at a specified time	20
Finishing date of module/course	
1. Fixed finishing date	48
2. Negotiable finishing date	11
3. Negotiable within a fixed time span	57

COLLEGES OF NURSING

TEACHING AND LEARNING	
Content of the module/course	%
1. Content specified by the teacher, institution or external agency	62
2. Narrow choice of content	6
3. Wide choice of content	33
4. Content negotiated to meet learner's needs	66
5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL	95
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials.	0
2. Activities as above with other activities such as discovery learning, and participatory exercises	82
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	28
4. Only discovery learning and participatory exercises	2
Resources for teaching and learning	
1. Teacher/trainer sole resource	0
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	68
3. Teacher/trainer + other people such as specialists or peers	53
4. Teacher/trainer + other resources and people	48
5. Learning packages of print material sole resource	8
6. Learning packages supplemented by tutorial and peer support	57
7. Learning packages supplemented by texts	17
8. Learning packages supplemented by, for example videos, CDs, computer software	33
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	2
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	11
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	22
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	100
5. Access to tutorial support restricted to working hours	17
6. Tutorial support available outside working hours	62
Pace of progression through the module/course	
1. Pace determined by the tutor	22
2. Pace negotiated between the tutor and the student	82
3. Pace determined by the student	13

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COLLEGES OF NURSING

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	%
1. Assessment at end of module/course only	46
2. Assessment twice during the module/course with fixed submission dates	24
3. Assessment twice during the module/course with negotiated submission dates	13
4. Assessment more than twice during the module/course with fixed submission dates	22
5. Assessment more than twice during the module/course with negotiated submission dates	11
6. No assessment	0
Method of summative assessment	
1. Unseen examination paper only	0
2. Unseen examination paper and other written assessment evidence, specified by teacher	11
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	8
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	33
5. No unseen paper but a range of written assessment evidence, negotiated by student and teacher	15
6. A range of assessment evidence specified by the teacher	31
7. A range of assessment evidence negotiated by student and teacher	33
Assessment of practice	
1. Same criteria for each student	48
2. Criteria based on individual student's learning needs	31
3. Criteria negotiated between student/teacher and assessor	20
4. Criterial negotiated between student and teacher	13
5. Module can be used to demonstrate competencies in a NVQ framework	6

COLLEGES OF HIGHER EDUCATION

STRUCTURE AND MANAGEMENT	
Provision of module/course	%
1. Module/course only runs when a minimum number of students have enrolled	80
2. No minimum number of students for the module/course to run	20
3. The institution offers this module/course at one location only	50
4. The institution offers this module/course at more than one location	40
5. The module/course is offered outside the normal working hours	40
6. The module/course is offered only during normal working hours	50
Module/course choice	
1. Module/course as the only option at a particular time	10
2. Module/course always offered as one of a choice of the same group of modules	50
3. Module/course offered as one of a choice of a different group of modules on each occassion	20
Starting date of module/course	
1. One fixed point during the year	70
2. Some choice eg two or more entry points during the year	30
3. Entry at any time	10
Entry requirements	
1. Specific qualifications and experience required	60
2. Specific qualifications required	10
3. Range of qualifications and experience accepted	40
4. Evidence of learning from appropriate experience accepted (eg APEL)	60
5. No entry requirements	0
Mode of attendance	
1. No requirement to attend an educational establishment for module/course learning activities	0
2. Negotiated requirement to attend an educational establishment for module/course learning activities	10
3. Required to attend an educational establishment for some module/course learning activities at a specified time	60
4. Required to attend all module/course learning activities at a specified time	40
Finishing date of module/course	
1. Fixed finishing date	80
2. Negotiable finishing date	0
3. Negotiable within a fixed time span	20

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COLLEGES OF HIGHER EDUCATION

TEACHING AND LEARING	
Content of the module/course	%
1. Content specified by the teacher, institution or external agency.	70
2. Narrow choice of content.	
3. Wide choice of content	30
4. Content negotiated to meet learner's needs	40
5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL	10
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	10
2. Activities as above with other activities such as discovery learning, and participatory exercises	70
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	10
4. Only discovery learning and participatory exercises	0
Resources for teaching and learning	
1. Teacher/trainer sole resource	0
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	80
3. Teacher/trainer + other people such as specialists or peers	50
4. Teacher/trainer + other resources and people	40
5. Learning packages of print material sole resource	0
6. Learning packages supplemented by tutorial and peer support	30
7. Learning packages supplemented by texts	10
8. Learning packages supplemented by, for example videos, CDs, computer software	10
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	0
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	40
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	30
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or	60
5. Access to tutorial support restricted to working hours	20
6. Tutorial support available outside working hours	50
Pace of progression through the module/course	
1. Pace determined by the tutor	50
2. Pace negotiated between the tutor and the student	40
3. Pace determined by the student	10

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COLLEGES OF HIGHER EDUCATION

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	%
1. Assessment at end of module/course only	40
2. Assessment twice during the module/course with fixed submission dates	50
3. Assessment twice during the module/course with negotiated submission dates	0
4. Assessment more than twice during the module/course with fixed submission dates	20
5. Assessment more than twice during the module/course with negotiated submission dates	0
6. No assessment	0
Method of summative assessment	
1. Unseen examination paper only	0
2. Unseen examination paper and other written assessment evidence, specified by teacher	20
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	0
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	40
5. No unseen paper but a range of written assessment evidence, negotiated by student and teacher	0
6. A range of assessment evidence specified by the teacher	20
7. A range of assessment evidence negotiated by student and teacher	10
Assessment of practice	
1. Same criteria for each student	70
2. Criteria based on individual student's learning needs	0
3. Criteria negotiated between student/teacher and assessor	0
4. Criteria negotiated between student and teacher	0
5. Module can be used to demonstrate competencies in a NVQ framework	20

HOSPICES

STRUCTURE AND MANAGEMENT	
Provision of module/course	%
1. Module/course only runs when a minimum number of students have enrolled	92
2. No minimum number of students for the module/course to run	7
3. The institution offers this module.course at one location only	92
4. The institution offers this module/course at more than one location	7
5. The module/course is offered outside normal working hours	7
6. The module/course is offered only during normal working hours	92
Module/course choice	
1. Module/course as the only option at a particular time	53
2. Module/course always offered as one of a choice of the same group of modules.	30
3. Module/course offered as one of a choice of a different group of modules on each occasion	15
Stating date of module/course	
1. One fixed point during the year	23
2. Some choice eg two or more entry points during the year	76
3. Entry at any time	0
Entry requirements	
1. Specific qualifications and experience required	23
2. Specific qualifications required	23
3. Range of qualifications and experience accepted	69
4. Evidence of learning from appropriate experience accepted (eg APEL)	38
5. No entry requirements	7
Mode of attendance	
1. No requirement to attend an educational establishment for module/course learning activities	7
2. Negotiated requirement to attend an educational establishment for module/course learning activities	7
3. Required to attend an educational establishment for some module/course learning activities	69
at a specified time.	
4. Required to attend all module/course learning activities at a specified time	23
Finishing date of module/course	
1. Fixed finishing date	61
2. Negotiable finishing date	15
3. Negotiable within a fixed time span	30

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HOSPICES

TEACHING AND LEARNING	
Content of the module/course	%
1. Content specified by the teacher, institution or external agency	46
2. Narrow choice of content	23
3. Wide choice of content	46
4. Content negotiated to meet leanrer's needs	61
5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL	30
Mode for teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	0
2. Activities as above with other activities such as discovery learning, and participatory exercises	69
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	38
4. Only discovery learning and participatory exercises	0
Resources for teaching and learning	
1. Teacher/trainer sole resource	0
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	53
3. Teacher/trainer + other people such as specialists or peers	84
4. Teacher/trainer + other resources and people	46
5. Learning packages of print material sole resource	7
6. Learning packages supplemented by tutorial and peer support	23
7. Learning packages supplemented by texts	0
8. Learning packages supplemented by, for example videos, CDs, computer software	23
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	0
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	23
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	15
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or by telephone	84
5. Access to tutorial support restricted to working hours	23
6. Tutorial support available outside working hours	46
Pace of progression through the module/course	
1. Pace determined by the tutor	38
2. Pace negotiated between the tutor and the student	61
3. Pace determined by the student	0

HOSPICES

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	%
1. Assessment at end of module/course only	23
2. Assessment twice during the module/course with fixed submission dates	23
3. Assessment twice during the module/course with negotiated submission dates	23
4. Assessment more than twice during the module/course with fixed submission dates	23
5. Assessment more than twice during the module/course with negotiated submission dates	7
6. No assessment	0
Method of summative assessment	
1. Unseen examination paper only	0
2. Unseen examination paper and other written assessment evidence, specified by teacher	7
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	7
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	15
5. No unseen paper but a range of written assessment evidence, negotiated by student and teacher	23
6. A range of assessment evidence specified by the teacher	30
7. A range of assessment evidence negotiated by student and teacher	30
Assessment of practice	
1. Same criteria for each student	38
2. Criteria based on individual student's learning needs	30
3. Criteria negotiated between student/teacher and assessor	15
4. Criteria negotiated between student and teacher	15
5. Module can be used to demonstrate competencies in a NVQ framework	7

TRUSTS

STRUCTURE AND MANAGEMENT	
Provision of module/course	%
1. Module/course only runs when a minumum number of students have enrolled	60
2. No minimum number of students for the module/course to run	18
3. The institution offers this module/course at one location only	36
4. The institution offers this module/course at more than one location	41
5. The module/course is offered outside normal working hours	32
6. The module/course is offered only during normal working hours	49
Module/course choice	
1. Module/course as the only option at a particular time	40
2. Module/course always offered as one of a choice of the same group of modules	14
3. Module/course offered as one of a choice of a different group of modules on each occasion	20
Starting date of module/course	
1. One fixed point during the year	23
2. Some choice eg two ore more entry points during the year	56
3. Entry at any time	3
Entry requirements	
1. Specific qualifications and experience required	2
2. Specific qualifications required	12
3. Range of qualifications and experience accepted	30
4. Evidence of learning from appropriate experience accepted (eg APEL)	25
5. No entry requirements	7
Mode of attendance	
1. No requirement to attend an educational establishment for module/course learning activities	5
2. Negotiated requirement to attend an educational establishment for module/course learning activities	12
3. Required to attend an educational establishment for some module/course learning activities at a specified time	45
4. Required to attend all module/course learning activities at a specified time	20
Finishing date of module/course	
1. Fixed finishing date	43
2. Negotiable finishing date	14
3. Negotiable within a fixed time span	29

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TRUSTS

TEACHING AND LEARNING	
Content of the module/course	%
1. Content specified by the teacher, institution or external agency	56
2. Narrow choice of content	5
3. Wide choice of content	21
4. Content negotiated to meet learner's needs	36
5. Exemption allowed for prior learning for all or part of the module/course, for example	32
APEL/APL	
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	1
2. Activities as above with other activities such as discovery learning, and participatory	63
exercises	
3. Activities as in descriptor 1 but mainly activities such as discovery learning and	16
participatory exercises	16
4. Only discovery learning and participatory exercises	3
Resources for teaching and learning	
1. Teacher/trainer sole resource	0
2. Teacher/trainer + other resources for example texts, resource centres, libraries, visits	52
to clinical area	
3. Teacher/trainer + other people such as specialists or peers	43
4. Teacher/trainer + other resources and people	32
5. Learning packages of print material sole resource	5
6. Learning packages supplemented by tutorial and peer support	38
7. Learning packages supplemented by texts	10
8. Learning packages supplemented by, for example videos, CDs, computer softweare	12
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	5
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	1
3. Fixed tutorial meetings in person with access as required by correspondence and/or	18
telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence	52
and/or telephone	
5. Access to tutorial support restricted to working hours	32
6. Tutorial support available outside working hours	34
Pace of progression through the module/course	
1. Pace determined by the tutor	25
2. Pace negotiated between the tutor and the student	56
3. Pace determined by the student	3

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TRUSTS

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	%
1. Assessment at end of module/course only	18
2. Assessment twice during the module/course with fixed submission dates	16
3. Assessment twice during the module/course with negotiated submission dates	7
4. Assessment more than twice during the module/course with fixed submission dates	18
5. Assessment more than twice during the module/course with negotiated submission dates	23
6. No assessment	3
Method of summative assessment	
1. Unseen examination paper only	1
2. Unseen examination paper and other written assessment evidence, specified by teacher	18
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	7
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	3
5. No unseen paper but a range of written assessment evidence, negotiated by student and teacher	20
6. A range of assessment evidence specified by the teacher	23
7. A range of assessment evidence negotiated by student and teacher	29
Assessment of practice	
1. Same criteria for each student	38
2. Criteria based on invididual student's learning needs	18
3. Criteria negotiated between student/teacher and assessor	20
4. Criteria negotiated between student and teacher	16
5. Module can be used to demonstrate competencies in a NVQ framework	12

Those descriptors cited with a frequency greater than 50% are listed below under the headings of colleges of nursing, higher education institutions, hospices and trusts/private providers. Those which gave a measure of control and choice to the learner are in normal type, those which restricted flexibility are in italics. A variety of programmes were offered as being flexible. Twenty one percent were level 1, 52% level 2 and 11% were level 3. One was a multi level module and two modules were at M level. Seventeen modules/programmes were not level rated; these were offered by the trusts and the private sector. These was no discernable difference between the flexibility of a module/programme and level.

Colleges of nursing

The modules/programmes deemed to be flexible by colleges of nursing are characterised as follows.

- ***Provision and Access***

The modules/programmes:

- are offered at more than one location (84%)
- are offered outside normal working hours (62%)
- offer some choice of starting dates, eg, two or more entry points a year (82%)
- can be accessed using a range of qualifications and experience (68%)
- can be accessed using evidence of appropriate experience (eg, APEL) (73%)
- have negotiable finishing dates within a fixed time span (57%)
- *only run when a minimum number of learners have been recruited (84%)*
- *require learners to attend for some learning activities at a specified time (75%).*

- ***Teaching and Learning***

The modules/programmes:

- have the majority of content specified by the teacher, institution or external agency but with some negotiated content to meet learners' needs (64%)
- allows exemption for prior learning for all or part of the module/programme (through eg, APEL) (95%)
- have teaching and learning activities which include lecturing, reading prepared materials, discovery learning and participatory exercises (82%)
- use the teacher plus other resources eg, texts, learning packages, resource centres, libraries, specialists and peers (59%)
- give teacher support and guidance as required including outside working hours (81%)
- allow learners to progress through the module/programme at a pace negotiated between the teacher and learner (82%).

- ***Assessment***

The modules/programmes:

- have assessment more than twice in the module/programme with fixed submission dates (54%)
- do not use unseen examination papers for assessment - a range of evidence assessed (81%)
- use negotiated criteria for the assessment of practice based on students' learning needs (64%).

Departments and schools within higher education institutions

The modules/programmes deemed to be flexible by departments and schools within higher education institutions are characterised as follows.

- ***Provision and Access***

The modules/programmes:

- can be accessed using evidence of appropriate experience (eg, APEL) (60%)

- *only run when a minimum number of learners have been recruited (80%)*
- *are offered at one location only (50%)*
- *are offered only during normal working hours (50%)*
- *are always offered as one of a choice of the same group of modules (50%)*
- *have one fixed starting point during the year (70%)*
- *require specific qualifications for entry (60%)*
- *require learners to attend for some learning activities at a specified time (60%)*
- *have fixed finishing dates (80%).*

- ***Teaching and Learning***

  The modules/programmes:
  - have the majority of content specified by the teacher, institution or external agency but with some negotiated content to meet learners' needs (70%)
  - have teaching and learning activities which include lecturing, reading prepared materials, discovery learning and participatory exercises (70%)
  - use the teacher plus other resources eg, texts, learning packages, resource centres, libraries, specialists and peers (70%)
  - give teacher support and guidance as required including outside working hours (60%)
  - *expect learners to progress through the module/programme at the pace determined by the teacher (50%).*
- ***Assessment***

The modules/programmes:
  - have assessment twice or more during the module/programme with fixed submission dates (70%)
  - *use the same criteria for all students for the assessment of practice (70%).*

Hospices

The modules/programmes deemed to be flexible by hospices are characterised as follows.

- ***Provision and Access***

Modules/programmes:
  - offer some choice of starting dates, eg, two or more entry points during the year (76%)
  - can be accessed with a range of qualifications (69%)
  - *only run when a minimum number of students have been recruited (92%)*
  - *are offered at one location only (92%)*
  - *are offered only during normal working hours (92%)*
  - *are the only options offered at a particular time (53%)*
  - *require learners to attend for all learning activities at a specified time (69%)*
  - *have a fixed finishing date (61%).*

- ***Teaching and Learning***

Modules/programmes:
  - allow the content to be negotiated to meet the learner's needs (61%)
  - have teaching and learning activities which include lecturing, reading prepared materials, discovery learning and participatory exercises (69%)
  - use the teacher plus other resources eg, texts, learning packages, resource centres, libraries, specialists and peers (68%)
  - allow a learners to progress through the module/programme at a pace negotiated between the teacher and learner (61%).

- ***Assessment***

Modules/programmes:
  - have assessment more than twice in the module/programme with fixed submission dates (50%)

- do not use unseen examination papers for assessment - a range of evidence assessed (93%)
- use negotiated criteria for the assessment of practice based on students' learning needs (60%).

Trusts/private sector

Modules/programmes deemed to be flexible by trusts are characterised as follows.

Provision and Access

Modules/programmes:

- offer some choice of starting date eg, two or more entry points a year (56%)
- *only run when a minimum number of learners have been recruited (60%).*

Teaching and Learning

Modules/programmes:

- have teaching and learning activities which include lecturing, reading prepared materials, discovery learning and participatory exercises (56%)
- use the teacher plus other resources eg, texts, learning packages, resource centres, libraries, specialists and peers (63%)
- give teacher support and guidance as required including outside working hours (52%)
- allow learners to progress through the module/programme at a pace negotiated between the teacher and learner (56%).

Assessment

Modules/programmes:

- do not use unseen examination papers for assessment - a range of evidence assessed (82%)
- use negotiated criteria for the assessment of practice based on students' learning needs (54%).

Issues arising

It is interesting to note that whilst there are differences between the groups in the flexibility offered, overall the pattern is similar with more flexibility being offered in the area of teaching and learning than in the area of access. The most notable difference between the providers is that in schools and colleges in higher education settings, provision in terms of when and where the module/programme was provided, starting and finishing times and requirements for entry, is relatively inflexible in contrast to other providers particularly colleges of nursing.

A high percentage of all providers for example indicated that modules/programmes ran only when a minimum number of learners had enrolled. Providing a module/programme for one or two students only, does of course have cost and resource implications. The option of AP(E)L offered by the majority of providers does increase flexibility in terms of entry requirements for modules/programmes. The data clearly indicates that learners are being given choices in terms of the modules that they are able to study but the choice is restricted often to a module in the same group of modules.

The area in which there appears to be the most flexibility is teaching and learning. Whilst the majority of respondents indicate that the content of a module/programme is specified by the teacher, institution, or external agency there is also a indication that the content, where possible, is negotiated to meet learners' needs. There also appears to be flexibility in the particular areas of modes of teaching and learning, resources for teaching and learning, access to tutorial support and pace of progression through a module/programme.

Whilst there are suggestions that some institutions are introducing flexibility into the assessment process, additional information supplied by respondents indicated that this area in particular was problematic as there was the necessity to meet the requirements of the accrediting institution and the English National Board. In addition to this, the timing of assessments often had to be planned around the meeting of academic/examination boards.

Additional information supplied by respondents in general referred to the constraints placed upon them in terms of being flexible. The source of these constraints were identified as institutes of higher education, accrediting bodies, ENB regulations and ENB education officers.

Final amendment of the dimensions of flexible learning

Following the case studies, the dimensions of flexibility were revised in the light of the issues arising from the analysis of the case study data. The main changes were as follows.

1. The dimensions of flexibility were disaggregated as far as possible into separate and distinct dimensions.

2. The number dimensions was extended as a result of data collected during the case studies. The most significant of these changes were:

- the collaborative planning of the module/programme involving learners and employers;

- the inclusion of modularisation and sub-modularisation;

- the inclusion of credit-rating;

- extending the dimension which covered the choice available to the learner:

- including a dimension which covered the provision of information to the learner;

- the inclusion of sponsorship of the learner by her/his employer;

- the separation of the 'theory' and the practice elements of the programme in provision and assessment;

- separating the resources for teaching into a dimension which focussed on the teacher as a resource for learning and a dimension which covered the use of learning packages;

- separating the "Access to Tutorial Support' dimension into two dimensions, one which covered the time when teacher guidance was available and one which covered the nature of teacher guidance. The title here has been changed also to "Access to Teacher Guidance".

Section 8 - The purpose and aims of flexible learning in post-registration nurse education

Introduction

This section outlines the background to the development of the purposes for flexible learning, the purposes themselves and the influences on their development during the Project. The aims for flexible learning which arise from the purposes are also outlined.

Background

At the outset (in the Project application) the Project identified a number of pressures which were leading to increased diversity in the provision and delivery of professional education for post-registration nurses. These were:

- a need to enhance the learners' access to professional development opportunities;

- a growing understanding of the way in which adults learn, which has been influenced by the work of Knowles (1970) and others, for example, Mezirow (1981);

- an increasing understanding of the nature of professional knowledge.

These influences are set in the context of:

- changes in the management and organisation of the NHS;

- nurses seeking out professional development opportunities in response to formal requirement for updating (UKCC, 1992);

- nurses wishing to develop professionally and advance their careers by availing themselves of professional education opportunities.

As part of its work, the Project has considered these influences and the features of the context and used them as a basis for the development of purposes of flexibility in post-registration nurse education. This has been from a theoretical stand-point initially and importantly empirically as a result of the data collected during the Project most notably early on in the Project as a result of data collected in Survey 1 and following the analysis of the case study data. The way this theoretical analysis has been influenced by the data collected during the Project are summarised at the end of this section. The purposes are as follows.

The purposes of flexible learning

1. To improve practitioners' access to professional development opportunities

Although there is a professional obligation on nurses to develop their practice (see for example, James, 1993) and indeed a statutory requirement (UKCC, 1992), for a variety of reasons, access to professional development opportunities may be constrained. Improving access:

- seeks to overcome the constraints;

- acknowledges the obligation and requirement on nurses to develop professionally;

- is a tangible recognition of, and response to, the individual nurse's readiness and willingness to learn;

- is a response to the changing career patterns and lifestyles of nurses.

2. To improve the availability of professional development opportunities.

Improving the availability of provision attempts to meet the needs of:

- those nurses who wish to develop their practice;

- those agencies and institutions (Trusts and Regions) which have a responsibility for ensuring that those who work in those organisations are appropriately qualified.

3. To encourage self-direction in professional development

Facilitating self-direction, autonomy and empowerment are important principles which underpin the practice of educating adults (Knowles, 1970). It can be argued that the encouragement of self-direction, autonomy and empowerment in professional learning is consistent with the development of those qualities in the expert professional practitioner. However, the difficulty in characterising self-direction in professional learning and professional autonomy (James, 1993) must be recognised and the causal link between increased self-direction in learning and enhanced professional autonomy remains unclear. Implicit in self-direction in learning is the exercising of choice which is recognised as an important rationale for open and flexible learning (Kelly and Keely, 1992).

4. To improve the relevance of professional education

Improving the relevance of professional education for post-registration nurses would involve providing educational experiences which recognise and acknowledge:

- the complexity and practical nature of professional nursing knowledge;

- the central role of experience in the professional development process in providing both the starting point and the substrate for development;

- the importance of the context of professional practice in a 'micro' sense, that is the conditions prevailing at the moment of acting, in a 'meso' sense, that is the 'life-world in which practice is located, in a 'macro' sense, that is the wider environment (with for example, its social, political and economic dimensions) and the influence the context has on practice through reflection in action (Schon, 1983);

- the deliberate nature of professional nursing practice in the sense that it is considered, intelligent, and thoughtful (Van Manen 1991; Clarke, James and Kelly, 1994);

- that reflection plays an important part in learning from experience, particularly the experience of practice, and in transforming that learning into improved practice (Schon, 1983; Kolb, 1984);

- the importance of personal knowledge in professional practice;

- that professional practice is essentially collaborative in nature and that it is through collaboration that the shared meanings of professional practice are established (James and Clarke, 1993).

5. To improve the way in which practitioners' individual professional development needs are met

The central point here is the individuality of learning needs. For several reasons, any professional nurse's development needs are unique to that individual for reasons which include the following.

1. Professional growth occurs over a considerable period of time therefore individual nurses are likely to be at different stages in their growth.

2. Professional growth is multidimensional - there are many different facets to it. It is likely that the stage of development of the different facets will be different in different individuals.

3. Professional growth is based on previous learning which is likely to vary between individuals. The different prior experiences and the way they have impacted upon and been internalised by individuals will contributed to the unique nature of professional learning needs.

4. Professional growth is likely to take place at different and changing rates in different individuals. Individual professional development is likely to be spasmodic, episodic and idiosyncratic and at any particular time a nurse will be at a unique point in their professional growth.

5. Some aspects of professional growth involve transformations as opposed to 'straight line' incremental development. Exactly where an individual is in these transformations will contribute to the uniqueness of their development needs.

6. Professional growth is predicated on a readiness to learn. Where individuals are in relation to their being ready to learn will contribute to the unique nature of their learning needs.

7. Overcoming the barriers to professional growth are often important in professional education. The nature of these barriers and the relationship of the learner to them will contribute to the individuality of learning needs.

8. The mechanisms which underpin professional development in individuals will vary and will contribute to the individual nature of learning needs. For example, some learners will have an internal, reflective approach to learning, others will have and external to learning where they expect their learning to be led by others. Prefered learning styles will vary in other ways.

9. The context in which individual nurses work will be unique and will impact in an individual way on their learning

6. To improve the way in which the needs of other stakeholders are met

The learners and the institution providing professional development are not the only stakeholders in professional education. Other institutions, not least the employers of the nurses, also have needs in relation to the provision of professional education, teaching and learning within professional education and assessment within professional education.

The aims of flexible learning

These six purposes can be translated into aims for flexibility in post-registration nurse education. They are:

- to give practitioners access to professional development opportunities;
- to make professional development opportunities available;
- to make practitioners self-directed in their professional development;
- to provide relevant professional development experiences;
- to meet practitioners' individual professional development needs;
- to meet the needs of other stakeholders in professional development.

The factors arising from the Project's research which have influenced the development of the purposes and aims

The validation of the theoretical consideration

All of the purposes as initially conceived were supported by the data collected during the case studies. Access was an important theme in the data collected during the case studies on the purposes of flexible learning. Relevance was a secondary theme but those for whom this was important refered to it in terms of 'improving their practice' (see below). Reference to the purpose and impact of flexible learning which were concerned with bringing about learner self-direction and empowerment although not frequent were expressed (in some ways understandably) with considerable force. Meeting individual needs also emerged in the case study data as a purpose for flexible learning.

The significance of the stakeholders

It became clear that other stakeholders apart from the learners and the providing institution have a stake in increasing the flexibility of provision. The employers are important stakeholders and a central theme in their responses in Survey 1 was the importance of improving access to and availability of provision. In the case study data, employers clearly also indicated other interests which related directly to the questionnaire - but others were mentioned (for example, the regions). The complications for the effective management of flexible learning resulting from the different stakeholder interests are discussed in Section 11.

Improvement as a purpose

An important theme to emerge in the case studies was the importance of improving professional education for post-registration nurses by making provision more flexible. A number of respondents refered explicitly to the purpose in this way particularly in relation to the relevance of the programme or module. This led to a re-formulation of early drafts of the purposes into a form, presented above, which refers explicitly to 'improvement'. The aims are now seen as endpoints to be achieved through increasing flexibility although the complications arising from competing stakeholder interests will mean that the aims will always be difficult to achieve.

Section 9 - The performance indicators and their development

Introduction

Performance indicators for the management of flexible learning were developed for two purposes. The first was to provide a framework for the collection of data during the case study of flexible learning. The second purpose was to provide, as one of the outcomes of the Project, a set of indicators which would enable practitioners to evaluate their own management of flexible learning in post-registration nurse education.

This section reviews the notion of performance indicators (PIs) and their appropriateness in exploring the effectiveness of the management of flexible learning in post-registration nurse education, outlines the view taken by the project on the interpretation of PIs and describes the development of PIs for the management of flexible learning for the collection of case study data. It also describes the final refinements that were made to the PIs following the analysis of the case studies. At the end of this section matters of particular interest relating to the development of the PIs are discussed.

The working version of the PIs which were important in the collection of case study data are included at the very end of the section.

Performance indicators

None of the numerous definitions of performance indicators (PIs) in the literature (see for example, Adams, 1991) refer explicitly to the management of flexible learning per se although there are lessons to be learned from experience of the use of PIs in other settings.

Performance indicators have been widely used in the management of public services and education - most notably in higher education (see Cave et al,1991; McVicar, 1990; Jarrett Report, 1985; Morris Report, 1990; CVCP/UGC, 1986; Warnock Report, 1990) but also in other educational settings (see for example, Hopkins and Leask, 1989; Adams, 1991; Hopkins, 1992). Arguably they have been used more widely in higher education in the USA than in the UK (CNAA, 1991).

Typically, PIs in the context of higher education have stressed the use of quantitative measures of performance (CVCP/UGC, 1986; Morris (1990) and have tended to focus on measures of system input and output with a view to measuring economy, efficiency or effectiveness (see Cave et al, 1991). This use of PIs primarily serves accountability purposes as opposed to improvement and/or developmental purposes. Undue stress on the use of quantitative data can accord too much importance to the 'measurable' and can also encourage reductionism, where complex issues are simplified for the purpose of analysis, a process which loses the essential quality of the whole. Yorke (CNAA, 1991) argues against a reductionist approach to performance measurement but acknowledges that different stakeholders require different indications of performance. For example, the government and funding bodies may require statistics on student throughput and unit costs. However, this kind of data may not in itself be so useful to teachers who wish to improve their practice since emphasis on inputs and outputs omits consideration of the value of educational processes.

The use or definition of PIs as benchmarks or absolute measures presents particular difficulties since such PIs can be ambiguously interpreted and manipulated (Cave et al, 1991; CNAA 1991).

Hopkins and Leask (1989) define a PI as *"a statement against which achievement in an area or activity can be assessed"*. Such a definition sees a PI as describing an area of performance to be assessed and leaves consideration of the kind of information to be collected to those who are doing the collecting or who have a stake in the data collection. The PI becomes an aspect of performance about which information should be collected and communicated (Allsop and Finlay, 1989) if performance is to be 'measured' - in the widest sense of the term.

Yorke (CNAA, 1991) argues for the selective, soft and economical use of PIs because of the *"context dependence of performance data"* (p32). He parallels this use with 'fuzziness' in process control where the process controller acts on the basis of the acceptability of a number of indicators - fuzzy indications. A range of PIs allows course quality to be viewed from a number of perspectives and data collected under any particular PI can be of a range of different kinds and originate from a number of different sources and stakeholders. An important outcome of this approach is the collection of authentic data (Denzin and Lincoln, 1994).

Hopkins (1992) considers that PIs in educational evaluation have an educational improvement purpose. Used in this developmental way, PIs would be seen as indicative, giving guidance and offering signposts rather than being definitive objective measures, setting externally defined standards and providing absolute benchmarks. 'Developmental' PIs of this kind are value statements and are therefore rooted in the value judgements of their designers and should be interpreted in the light of the context in which performance is being considered. Since the PIs are statements of, or pointers to, aspects of education which can be improved, they are open to revision (Sims and Stoney, 1990).

The model we have adopted has used the dimensions of flexibility with the addition of 'evaluation' to define PIs of effective management. Within those aspects, effective management is be made up of a number of different elements. Access to the quality of performance in those elements is achieved by questioning stakeholders and/or their representatives. The significance of this method is discussed later.

The development of performance indicators - in practice

The process of developing the PIs made use of a focus group. The focus group comprised representatives of the case study institutions and experts in nurse education. The experts were later to form the expert group who identified and validated examples of good practice in the effective management of flexible learning (see Section 10). The members of the expert group are listed in Appendix G. The representatives of the case study institutions are not listed in order to preserve the anonymity of those institutions.

The process of PI development was as follows.

1. Using a questionnaire, focus group members were asked to specify PIs in the management of flexible learning in post-registration nurse, midwifery and health-visiting education. They were asked to generate PIs which:

- were within the framework of the aspects of the management of flexible learning;

- reflected inputs, processes and outcomes;

- covered performance at all levels from those concerned with institutional policy, through those that are about the management of whole modules, courses and programmes to those that are about managing the teaching and learning process itself.

2. The questionnaire data were aggregated and edited by the Project. The resulting PIs were analysed and categorised by the Project according to the following management levels:

- institutional

- module/course

- teaching and learning.

3. The focus group, working in three sub-groups and prompted by questions set by the Project and the group, were asked to consider and validate the appropriateness of the process being used to develop the PIs. Each sub-group was then allocated a set of PIs which related to the access, teaching and learning, and assessment, practice and evaluation aspects of the management of flexible learning. Taking one element of each aspect at a time, such as 'location of module/programme' or 'content of module/programme', they were asked to check that the PIs covered all the areas of effective management and to add PIs as appropriate. They were then asked to edit the PIs for every aspect in the set they had been allocated. The edited PIs were then exchanged between the groups for critical review. In a plenary session, the outcomes of this review were shared between the groups and, through discussion, a consensus was reached.

4. Following the focus group meeting, the PIs were again edited by the Project. The PIs were changed into questions which would form the basis of enquiry by the Project into the nature of the management of flexible learning. The significance of the 'question form' of the PIs is discussed at the end of this section. The reference to management levels was taken out and the PIs were also edited largely to ensure consistency and commonality of expression.

5. What was now viewed as a draft working version of the PIs was returned to the members of the focus group for comment. A small number of minor amendments were received and incorporated as appropriate to form the working version.

The use of the performance indicators in the case study data collection

The working version of the performance indicators was reviewed in order to identify from whom information at the case study sites should be collected and the indicators themselves were revised into questions which were designed to explore the nature of the management of flexible learning. The interview schedules are given in Appendix E.

Final amendment of the performance indicators

Following the analysis of the case study data and in parallel with the preparation of the case study reports, the dimensions of flexibility were revised in the light of the issues emerging from the case studies. Using these dimensions as a basis, the PIs were also revised into their final form. The main changes made were as follows.

1. The number of aspects of management practice was extended in line with the disaggregation of some of the dimensions of flexibility.

2. The number aspects of performance were extended to take account of the new dimensions that emerged during the case studies. The most significant changes are summarised at the end of Section 7 but are also given here for the sake of clarity:

- the collaborative planning of the module/programme involving learners and employers;

- the inclusion of modularisation and sub-modularisation;

- the inclusion of credit-rating;

- extending the dimension which covered the choice available to the learner:

- including a dimension which covered the provision of information to the learner;

- the inclusion of sponsorship of the learner by her/his employer;

- the separation of the 'theory' and the practice elements of the programme in provision and assessment;

- separating the resources for teaching into a dimension which focussed on the teacher as a resource for learning and a dimension which covered the use of learning packages.

- separating the "Access to Tutorial Support' dimension into two dimensions, one which covered the time when teacher guidance was available and one which covered the nature of teacher guidance. The title here has been changed also to "Access to Teacher Guidance".

3. Replacing the headings Input, and Output/outcomes by the terms respectively, Pre-conditions (to describe those features which needed to be in place in advance of a module or programme taking place if management is to be effective) and Outcomes (aspects which could be explored following the module/programme with a view to guaging the effectiveness of the management of flexible learning). The term 'Process' used in the working version remains in the final version.

4. The development of core PIs which, apart from minor adjustments for the Planning the programme PIs, the Credit rating PIs and the Evaluation PIs, applied to all the aspects of flexible learning management. In the final version the core PIs are given in normal type while those additional non-core PIs are presented in italics.

5. All the performance indicators were reviewed to ensure that indicators were not included unnecessarily and that some indicators which the focus group had included, such as the need for provision of staff development in relation to flexible

learning and the need to consider equality of opportunity, were included in the core performance indicators.

6. The form of the questions was changed from a form which encouraged a check-list style of answering - 'yes' or 'no' to one which enquired of the nature of practice and were characterised by 'How do/are . . . ?' questions or questions which began 'In what way do . . . ?'

Matters of interest

1. The task of generating the PIs was challenging, partly as a consequence of the large number of aspects of flexibility which have to be managed effectively if overall, the management is to be effective (see section 11). It may have also been due to the lack of a shared understanding of the full breadth and scope of flexible learning. The complexity of the task of the development of the PIs caused the Project to adopt a modified focus group/Delphi technique which allowed the development of and agreement on a large number of factors. This method may have application elsewhere.

2. The method used to generate the PIs in the effective management of flexible learning was essentially collaborative, involving collaboration between the professional educators in the focus group and the Project. Where the Project worked separately from the focus group it was careful to remain within the spirit of the group's judgements and to ensure that developments were fed back to the members for their comment. This approach is consistent with the Project's contention that it is researching flexible learning with the profession and enhances the authenticity of the indicators.

3. The PIs as now developed are in the form of questions. This form reflects the essentially dialogical and dialectical form in which professional knowledge is held (Winter, 1989) and contrasts with presentation in a propositional form. The questions specify areas for consideration if practitioners wish to manage flexible learning effectively and encourages practitioners to focus their reflections on their practice (Schon, 1983) and come to judgements about, and account for, the appropriateness of their management practice. As such the PIs represent a framework of theories of flexible learning within which practitioners can explicate their own flexible learning management theories. The theories of the management of flexible learning are grounded in the experience of professional practitioners (Glaser and Strauss, 1967; Hutchison, 1988). Performance indicators in the form of questions is consistent with the developmental purpose of the indicators (Hopkins, 1992) and makes allowance for the very wide range of contexts in which flexible learning takes place and has to be managed effectively.

4. The final question form of question (characterised by a style which includes 'How?' , 'In what way?' and 'What are?') is consistent with the improvement purpose of flexible learning in that it prompts the respondent to examine practice rather than respond in a closed, 'yes-no' way to checklists of indicators.

The working version of the performance indicators

The working version of the performance indicators is presented in Appendix D.

Section 10 - The Case Studies

Introduction

In this section there is a description and definition of the case study adopted by the Project in the study of particular modules programmes, the reports of the case studies and an account of the impact that flexible learning has had on the experience and achievements of practitioners.

Defining the case study method

Defining the case study as a research strategy is difficult although definitions offered by the literature include some recommendations.

Cronbach (1975) differentiates case study from other contexts by calling it *"interpretation in context"* (p123). This view is taken up by Yin (1994) who defines a case study as:

"an empirical method that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomena and context are not clearly evident . . . . It copes with the technically distinctive situation in which there will be many more variables of interest than data points, and one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion and as another result benefits from the prior development of theoretical propositions to guide data collection analysis" (p13).

The case study method used in the Project conforms to this definition. It seeks to describe and illuminate the factors contributing to the effective management of flexible learning within the aspects of performance defined during the project and to explore, describe and illustrate the impact of flexibility on practitioners experience and achievements.

Case study research design

Yin (1994) suggests that key elements in the case study research design are:

- The study's questions
- The study's propositions
- The study's unit of analysis
- The logic linking the data to the propositions
- The criteria for interpreting the findings

The study's questions

In the Project's case study work, the questions were framed by the performance indicators developed by the Project. They focused on How? issues principally but they also focused on Why? issues in order to gain some understanding of the purpose of effective management of flexible learning and also to explore the nature and explanation of the impact on practitioners.

The study's propositions

Each of a case study's propositions *"directs attention to something that should be examined within the scope of the study"* (Yin 1994, p21). For the case studies to be carried out, these propositions were framed by the indicators developed by the Project.

Units of analysis - single and multiple case studies

The case study work of the Project involved the multiple case study of single cases of a revelatory (as opposed to critical or extreme/unique) kind. The unit of analysis was a single course/module in a programme of continuing professional development in post-registration nurse education in a Board-approved institution (as opposed to the single case of flexible learning as a phenomenon, flexibility in single institutions or flexibility in say, access, or assessment). Each case study involved sub-units of analysis (dimensions and groupings of dimensions of flexibility) which were embedded (Yin 1994) in the single case. Single cases were selected on the basis of sampling (according the branch of nursing and regional location) and appropriate clusters of dimension of flexibility.

The intention of the Project in using multiple cases is to give both a literal replication (Yin, 1994) which predicts similar results and theoretical replication which produces contrasting results for predictable reasons. So, it was anticipated that cases would reveal common responses to the management of flexible learning and its impact but would also reveal contrasting responses and impact.

The logic linking the data to the propositions

The component of the data design which linked the data to the propositions, together with the criteria for applying the study's findings, lay the foundations for the analysis. Yin (1994) cites pattern matching (Campbell, 1975) whereby several pieces of information from the same case may be related to some theoretical proposition. Within each performance indicator developed by the project, a range of questions were developed which allowed both the exploration of the management of flexible learning and its impact. During the case study, data relating to these questions was collected from a number of different sources to allow pattern matching and data triangulation (see Cohen and Manion, 1992).

The criteria for interpreting the findings

The rules or standards for judging the significance of the findings would in part be set by those outside the Project and the setting of these criteria does not fall within the remit of the Project itself. Within the project, criteria for interpreting the findings would emerge:

- through the data analysis process as consistent themes emerge, are checked and are confirmed or not through a re-working of the data;

- confirmed contradictions between intention and outcome in the data;

- confirmed mismatches and contradictions between different data sources;

- the identification of good practice by the expert group using criteria grounded in their professional experience as nurse educators.

Reporting the case studies

Important, especially in constructing the final written report, is the delineation of relationship between the single and multiple case studies (Yin, 1994).

The single case-study is the classic method and a report of such a study involves a single narrative to describe and analyse the case.

The multiple case study report contains multiple narratives, usually presented as separate chapters or sections. Typically, the report would also contain a chapter covering a 'cross-case' analysis and results. The cross-case analysis may follow sub-groupings of cases which results in several 'cross-case' sections.

A third type of report covers either a single or multiple case study but instead of the traditional narrative there is a series of questions and answers based on questions posed in the data collection. The data collected is shortened and edited for readability. The question and answer format represents a comprehensive examination of the issue. Also, it *"may not reflect the full, creative talent of an investigator, but the format is helpful in avoiding the problem of writer's cramps. This is because an investigator can proceed immediately to answer the required set of questions"* (Yin, 1994, p134).

In the fourth kind of report, there are no separate chapters devoted to the multiple case studies. The entire report comprises a cross-case analysis of the descriptive or explanatory studies.

The Project's case study reports combine the second and third kind described above where multiple cases are reported in individual sections with a separate section giving a cross-case analysis and review particularly in relation to the impact on practice. The outcomes of the case study will be reported in shortened form with the data presentation focusing on the performance indicators and the questions which explore flexibility within those indicators (Clarke and James, 1994; 1995).

Data collection

Using data obtained from Survey 3 using the Dimensions of Flexibility Instrument, eleven case study centres were identified. Criteria for selection were as follows:

- programmes/modules should be identified by the provider as being flexible by the provider;
- centres should be geographically spread across England;
- institutions should be representative of all providers of continuing professional development (CPD), for example, higher education colleges, colleges of health studies, hospices and providers in the independent sector;
- collectively the programmes/modules should cover a range of CPD opportunities at varying academic levels;
- collectively the programmes/modules should offer CPD opportunities to midwives, health visitors and nurses working in a variety of specialist areas;
- collectively the programmes/modules should cover all the dimensions of flexibility.

Letters, introducing the Project, were sent to the selected institutions together with an invitation to participate in the study. In addition, each institution received a copy of the research proposal. The work of the Project took place at a time of considerable change in nurse education as colleges of nursing were amalgamating and incorporating into higher education institutions. As a result three of the institutions approached, were unable to participate in the study. Eight institutions agreed to participate, these included a hospice, a trust, a company in the independent sector, a HE institution and four colleges of nursing/health studies. These case study centres were located in the following regions.

- North East and Yorkshire
- Trent
- East Anglian and Oxford
- North Thames

- South West
- North West

Representatives from the participating institutions were identified to act both as a link person and member of the Focus Group. At a meeting of the Focus Group it was agreed, that for each programme/module studied, data should be collected from the education manager and teacher, responsible for the management and delivery of the programme/module, three learners and their respective clinical managers. The clinical managers would represent the views of the trusts. Learners selected for interview would have differing needs in terms of flexibility, differing academic abilities and differing background in terms of previous CPD undertaken. It had been the intention of the Project to study three programmes/modules per case study institution. It became obvious, however, that such a vast amount of data would be difficult to analyse in the life span of the project and in discussion with the Steering Group, it was decided to reduce this to one programme/module per institution.

Pilot case study

A pilot study was undertaken in order to evaluate and improve the appropriateness of the research design and the interview schedule as the data collection instruments. It became evident during this part of the study that the role of the clinical manager varied between trusts. In some instances clinical managers knew very little of the clinical practices of their staff as this was seen as the responsibility of the ward manager. This meant that clinical managers were not always able to talk about a learner's learning experience and achievements. This finding was discussed with members of the expert group and it was decided to include an interview with the ward manager of a learner undertaking the module/programme which was the focus of the case study. As a result of this change minor adjustments were made to the interview schedule.

The main study

Visits to case study centres were organised in conjunction with the link representatives. Interviewees were selected and approached by representatives and through them, letters of introduction and explanation of the work of the project were delivered. These letters, which invited participation, also offered an opportunity for further discussion with the Project Team.

The case studies focused on the management of flexible learning and the impact of the flexibility of provision on the professional learning experience and achievements of practitioners. The performance indicators in the form of questions were used as a framework for the data collection process. Interviews were tape recorded and later transcribed. Where necessary telephone interviews took place although these were few in number. In addition to the collection of data by interviews, documentary evidence was also collected.

Data analysis

Data analysis was framed by the performance indicators. In essence within this framework, the data presented grounded theory and data not covered by the performance indicators was analysed using Open Coding (Berg 1989). Content analysis was accomplished through the use of coding frames which were used to organise the data leading to the identification of core categories and sub-categories.

The case study reports were returned to the institutions for comments. Institutions and interviewees were asked to respond to the following questions.

- Are there any inaccuracies within the report?

- Are you, and those involved in the case study, comfortable about the extent to which the identity of individuals/organisation is hidden?
- Have all aspects of flexibility of the module/programme been included in the study?
- Has any detail been missed out?
- Is there anything that you would like added to the study?
- Is there anything that you would like omitted? Please give your reasons.
- Are the judgements made in the case study fair and if not why?

A small number of minor amendments were received and incorporated as appropriate. This process ensured the authenticity (Denzin and Lincoln, 1994) of the data collected.

Following return from the case study institutions and subsequent amendment, the case study reports were scrutinised by the expert group (the members of which formed part of the focus group for the development of the PIs) to identify and validate key issues in the management of flexible learning and examples of good practice.

Case study reports

This section of the report contains the accounts of the case studies. It was the intention of the Project that these studies should reflect the interests of nurses in the different branches and specialities including midwives and health visitors. However during the whole of the research project it proved difficult to obtain the views of health visitors who were studying flexible modules/programmes. There were a number of reasons for this difficulty. Firstly, the questionnaire data obtained from providers of continuing professional education had not identified flexible modules or programmes designed specifically for health visitors. Secondly, programmes which might have been accessed by health visitors, at the time of the case studies, did not have any health visitors studying the programme. In an attempt to resolve this problem an abridged study was undertaken of a programme in an institute of higher education which was currently being accessed by health visitors as a means of continuing professional development. The report of this study follows the accounts from the eight case study centres already mentioned.

Each case study report is prefaced with a short introduction and information about the module/programme studied. The data that follow are presented in sections which correspond to both the dimensions of flexibility and the performance indicators. These sections are access and provision, teaching and learning, assessment and evaluation. At the end of each section the main issues covered by the data are summarised. Following this summary, key issues in the management of flexible learning are considered and areas of good practice highlighted as identified by the expert group. One interpretation of the data from all the case studies is that it is rich in ways of improving continuing professional development and therefore rich in good practice. There are however certain practices which the expert group have paid particular attention to and it is these practices which have been identified in the text.

Published sources which have been referred to in a case study report have been referenced at the end of the respective study. The aim here has been to make this easier for the reader who might wish to read such academic material alongside of the case study report.

The following table indicates the dimensions covered during the case study data collection.

Dimensions	**Case Studies**								
	1	2	3	4	5	6	7	8	9
Provision of module/programme	●				●		●	●	
Location	●	●		●	●	●	●		
Time of module/programme	●		●	●			●	●	
Module /programme choice	●		●	●	●				
Range of mode of study		●	●	●	●				
Starting date		●	●	●	●	●		●	
Entry requirement		●	●	●	●	●	●	●	
Mode of attendance	●	●		●	●	●	●	●	
Finishing date	●				●	●			
Payment of module/programme						●	●	●	
Content of module/programme			●	●	●	●	●	●	
Mode of teaching/learning	●			●	●		●	●	
Resources	●	●	●	●	●	●	●	●	
Access to teacher support	●		●	●	●	●	●	●	
Pace of progression	●				●	●			
Pattern of assessment			●	●	●	●	●		
Method of assessment	●	●	●	●	●	●	●	●	
Assessment of practice	●	●		●	●		●		

The impact of flexible learning on the experience and achievements of practitioners

Arguably, all aspects of flexible learning are likely to impact positively on the experience and achievements of practitioners given that the key purpose of flexible learning is the improvement of continuing professional development (CPD). In this section, we have therefore only drawn attention to the main aspects where the impact was significant or where impact was made explicit by the learners.

Provision and access

Improving access to CPD opportunities had a significant impact on the learners' experience and achievements. For example, in the case of two learners who were the 'bread winners' of the family being able to negotiate attendance at study days and the starting times for study days and having the option of being able to choose the location of study for some of the study days was significant. Both of these learners were enrolled nurses who considered that they would be disadvantaged in terms of promotion and professional achievement if they had not been able to undertake the programme of study which led to first level registration. Being able to negotiate attendance meant that the learners could study at home if they wished to for some of the programme and the learners indicated that they were then able to fully maximise the use of their time. Negotiated starting times meant that child-care arrangements were easier. From data collected from other case study centres there were clear indications that for married women with families, flexibility which allowed them to study at times which took into account school hours and school holidays was very important.

For those learners who were paying the course fees themselves, flexibility of payment enhanced access. In appeared that more nurses were paying for their own professional development and flexible modes of payment enabled the learner to spread the cost of the module/programme over a period of time.

Whilst flexibility of location may have been a feature of the module/programme, in reality it often meant that learners still had to travel considerable distances. This was particularly significant in those cases where there was a rolling programme with different starting dates at different locations particularly if the learners wished to start a module/programme at a particular time. Some learners chose the option to travel but for those learners, travelling to unusual locations was a cause of anxiety. This anxiety was exacerbated on occasions especially when the module/programme took place in the evening since there could be the added problem of travelling/driving in the dark.

Teaching and learning

By appropriate negotiation of the content, learners were able to study topics of interest to them and which related directly to their clinical practice. This had a positive impact on their experiences and achievements. Modes of teaching and learning which sought to enhance self-direction in the learners when managed well appeared generally to have a positive impact, and on occasions a very significant positive impact, on the learners' achievements. However, for some learners, such modes of teaching and learning when inappropriately managed had a negative impact.

There were indications in the case study data that the use of learning agreements and the use of explicit learning outcomes had a positive impact on the experience and achievements of practitioners.

Assessment

A prominent feature of the data on the impact on practitioners' experience and achievements concerned the option to choose the topic area for the assessment. Having this option meant that learners could choose an area which was of interest to them and in these cases the influence on practice was significant. Often learners were encouraged by their employing institution to choose a topic which would be of benefit to the institution in general or the learners' own clinical area in particular. Learners commented on the importance of having this choice available and reported very positively on its impact on the whole educational experience. It linked theory and practice in a way that was appreciated by the learners and they welcomed the opportunity to use the knowledge gained in this way to improve upon their clinical practice. Clinical managers and ward managers were able to identify changes in the learners' practices which had come about as a result of learners choosing relevant topics to study for assessment. Often the work produced by the learner was used by the manager as a means of informing other nurses about practice. From the point of view of the trust this aspect of flexibility was particularly important because there was clear evidence of improvements directly related to continuing professional development programmes.

Case Study 1

Introduction and background

This case study was undertaken in January 1995 in a college of health which spanned three counties and was based on eight sites. The college offered a variety of nurse education programmes for post-registration nurses as well as a programme leading to a diploma in higher education with registration, in all of the four branches of nursing (1).

At the time of the case study the college was not incorporated into higher education although the tendering process was well advanced. The trusts in this area viewed the college of health as the main provider of both pre- and post-registration education Current contractual arrangements between the trusts and the college meant that some continuing professional development programmes, mainly ENB clinical programmes, were funded by the trusts but a small number of modules had to funded by the nurses themselves.

The module which was the focus of the case study was an ENB module entitled Teaching and Assessing in Clinical Practice. It could be accessed as a 'stand alone' module but the module also formed part of the ENB Higher Award Framework and the Bsc (Hons) programme in Professional Practice. Links had been established between the college and a local institute of higher education and the module had been given a CATS-rating of 20 points at level 2. The module was designed to meet the needs of qualified nurses and midwives who wished to facilitate, teach and assess learners in the clinical area. It was available to staff of the trusts across the three counties and was delivered on all eight sites of the college, although not at the same time. This meant that the module was delivered on a rolling basis throughout the year covering the whole of the eight sites. In all, the module was delivered 35 times, but on average this meant four modules per year per site.

There were three parts to the module. The first was a two-day workshop for preparation of facilitators in line with the ENB guide-lines for the validation of courses. The second part, of three days duration was designed to help qualified nurses with their own personal and professional development. The third part consisted of six days covering the aspects of teaching and assessing. There was one study day every two weeks in the third part of the module, so this part was delivered over a period of three months. The module could be accessed by midwives for education and practice refreshment (2) as well as by qualified nurses registered on both level 1 or 2 of the professional register. However level 2 nurses who completed the module were not able to act as assessors in the clinical area and were not formally recognised in the role of teacher or facilitator. Learners were able to study the whole or part of the module and the parts of the module could be studied in any order the learners wished.

Details of the Module

Details of the module taken from documents published by the college are given below

Title of Module : Teaching & Assessing in Clinical Practice

Level, Length and Number of Credits :

Level 2 Module =	20 credits =	60 hrs student contact 60 hrs student work 150 hrs practice

AIM

To encourage the development of an enquiring, critical and reflective approach to Teaching/Facilitating & Assessing in Clinical Practice for Nurses & Midwives.

To facilitate the development of specialist knowledge, clinical skills and competence in the teaching/facilitating and assessing of learners/clients whilst applying appropriate knowledge from other disciplines.

This module is part of the ENB Higher Award/BSc (Hons) in Professional Practice/

The learning outcomes reflect characteristic 7 of the 10 key characteristics which form the basis of the Higher Award Framework.

Clinical supervision is a term used to describe a formal process of professional support and learning and is central to the process of learning and expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills (NHS Management Executive, 1993).

At the end of this module, students will be able to demonstrate the following learning outcomes within the Higher Award pathway.

LEARNING OUTCOMES

Apply the principles of teaching, supervision, facilitating and assessing; select appropriate methods to meet specific situations.

Act as a role model in the practice area, encouraging staff in teaching, supervising, facilitating and assessing.

Create and sustain a supportive teaching and learning environment in their own practice setting.

Identify development needs of the staff for whom they are responsible, cultivate an awareness of the way in which these needs may be met; and report on and record progress.

Encourage reflective and assured practice by helping members of their team make effective use of professional portfolio's and other education activities.

Maintain an awareness of the developments in nursing, midwifery or health visiting education and make the appropriate changes in their own practice setting.

Facilitate opportunities for counselling through understanding of the role which counsellingplays in personal and professional development.

Facilitate the support which all staff require in order to develop and maintain confidence in the exercise of their practice and role.

Maintain awareness of the educational programmes for applied health care groups and contribute to these where appropriate.

Pre-requisites/Relationship with other Modules:

- Students will have achieved Level 1 learning outcomes prior to undertaking this module either through APL/APEL, or through undertaking other relevant Level 1 modules and will have a minimum of 1 year post registration experience.
- Will normally work in a clinical area that either is an approved training area, or there are recognised educational needs.
- This module applies the knowledge gained in other modules e.g. Psychological Aspects of Care, Social Policy and Sociology, Professional Studies, Research and apply these to Teaching and Assessing in Clinical Practice.
- The ENB 998/997 certificates will be awarded upon successful completion of the course..
- Where there is a positive educational audit status.

Second Level Nurses:

May need to follow a different academic pathway.

Teaching Methods:

A variety of teaching methods will be used and these will include, student led seminars, workshops, group work role play/experiential techniques, micro teaching in the classroom and clinical areas and the use of a reflective diary as well as critical analysis of teaching activities.

Assessment:

The learning outcomes for this module will be assessed as follows:

Course Work	50%
Clinical Assessment	50%

Course Work:

Students will submit a package of course work materials which will integrate theory and practice, demonstrating the application and achievement of the learning outcomes.

Formative:- **Personal & Professional Development**

a) A literature search related to practice.

Teaching & Assessing

a) A reflective journal related to teaching and assessing experiences.

b) Self/peer evaluation of a seminar presentation search based on the literature.

c) Self and peer evaluation of a micro-teaching session.

Summative: **A literature review** 3000 words

A reflective research based essy demonstrating personal and professional development as a teacher/facilitator and assessor.

Practice based Assessment of Teaching/Assessing Skills:

Formative: A minimum of 1 planned and assessed teaching session assessed by a peer/facilitator who holds the relevant ENB 998/997 certificate.

Summative: 2 planned and assessed teaching sessions. To be assessed by the facilitator or link/liaison tutor as an integral part of the student's engagement in practice.

N.B.

(1) As part of both formative & summative assessments of teaching and assessing, the learner and course participant use evaluation tools.

(2) Assessment of teaching and assessing in clinical practice consists of statements based on both the Slater Rating Scale (Wandelt 1975) and statements of specific skills based on Mallik's notion of key skills (Mallik 1988).

(3) These teaching and assessing sessions will include both planned and unplanned opportunities.

Indicative Content (Syllabus):

1) Personal & Professional Development.

- Awareness of self and others; assertiveness; interpersonal skills.
- Models of learning and learning styles; research awareness; current developments in education and practice.
- Application of models of reflection; identifying the values of reflection.
- Negotiating learning contracts in clinical areas; creating a learning environment; counselling and supporting student's learning activities; giving and receiving praise and constructive feedback; managing learner difficulties; managing change.
- Role clarifications i.e. Preceptor, Mentor, Facilitator, Coacher, Supervisor.

2) Teaching and Assessing:

- Teaching, facilitation, supervision and assessing. Monitoring and evaluating progress. Setting and evaluating educational standards in clinical practice; norm & criterion referencing.
- Principles of assessment and evaluation of learning outcomes.
- Creating and maintaining a supportive learning environment..
- Learning from and with others, applying research based teaching and assessment tools. Framework for facilitation, learning theories. Planning and preparation.

3) Practice Experience:

- This is an integral part of the module and will be conducted in the student's practice area.
- Course participants will have an allocated facilitator who holds the ENB 998/997 certificate.
- Practice areas will have an educational audit with a positive outcome.

4) There are opportunities to:-

(a) Undertake a 2 day supervisor/coacher/mentor/assessor workshop to facilitate pre-registration students (optional extra)

(b) Complete an NVQ Assessor Course (optional extra at cost).

INDICATIVE READING

AKINSANYA, J (1987)	Teaching by Contract. Senior Nurse 7, 6: 26-27.
BABCOCK, DE & MILLER, MA (1994)	Client Education: Theory and Practice St Louise: Mosby
BENNER, P. (1984)	From Novice to Expert. Addison Wesley.
BRADSHAW, PL ed (1989)	Teaching and Assessing in Clinical Nursing Practice Hemel Heampstead: Prentice Hall
BROWN, R. A. (1992)	Portfolio Development & Profiling for Nurses. Central Health Studies. Quay Publishing Lancaster.
BURNARD, P. (1991)	Improving through Reflection. Journal of District Nursing, May, pp. 10-12.
BUTLER, B. (1985) ELLIOT, D.	Teaching and Learning for Practice. Gower, 1985.
CARE SECTOR CONSORTIUM (1992)	National Occupational Standards in Care.
CROUT, L. (1980)	From a Learners Point of View. Nursing Mirror 150 (21) 14.
COUTTS, L. C. & HARDY, L. K. (1985)	Teaching for Health, Churchill Livingstone, London.
DEWING, J. (1990)	Reflective Practice, Senior Nurse. Vol. 10. No. 10, pp. 26 -28.
DONALD, J. G. (1976)	for Learning in Bouchard, J. Steels (1980)
DISTANCE LEARNING CENTRE (1991)	Assertiveness for Midwives.
EWLES, L. & SIMMETT, E.	Promoting Health. A practical guide to health education. John Wiley. Chichester.
GOLDMAN, G. (1979)	A Contract for Academic Improvement - in Hills P. J. Study Courses and Counselling. Research into Higher Education. London.
HARRISON, J. (1990)	Contract Learning. Tutor from College of Nursing and Midwifery, unpublished work from Cert. Ed.

HOLLY, M. L. (1987) Keeping a Personal-Professional Journal. Deakin University, Victoria.

HONEY, P. (1988) You Are What You Learn. Nursing Times, Vol. 84, No. 36, pp 34-36.

HONEY, P. (1990) Confessions of a Learner Who is Inclined to Lapse. Training and Development, June, pp. 30 - 32.

HONEY, P.
MUMFORD, A. (1986) Using Your Learning Styles. Printique, Berkshire.

HONEY, P.
MUMFORD, A. (1986) The Manual of Learning Styles, Printique, Berkshire.

KENWORTHY, N. (1989)
NICKLIN, PJ. Teaching & Assessing in Nursing Practice. An Experiential Approach. London: Chapman & Hull

KEYZER, D. (1986) Using Learning Contracts to Support Change in Nursing Organisations. Nurse Education Today. Vol. 6. pp. 103 - 108.

KEYZER, D. M. (1986) Using Learning Contracts. Nurse Education Today 6 : pp. 103 - 108.

LANGFORD, T. (1978) Establishing a Nursing Contract. Nursing Outlook 26, 396 - 388.

LISTER, P. (1989) Experiential Learning and the Benefits of Journal Work. Senior Nurse, Vol. 9, No. 6, pp 20 - 21.

MAY, K. ET AL (1982) Mentorship for Scholarlines. Nursing Outlook 30: 22 - 26. Rowntree (1987)

MORRISON, P. (1991)
BURNARD, P. Caring and communicating. The Interpersonal Relationship in Nursing. Macmillan, London.

MORTON-COOPER, A. & Mentoring and Preceptorship. A guide to support in clinical practice. Blackwell Scientific Pub. London.

NEARY, M. (1992) Contract Assignment, Senior Nurse, Vol. 12, No. 4, July/Aug.

NORTON (1989) Contract Learning in Nurse Education: Bridging the Theory/Practice Gap. Senior Nurse Vol. 9, No. 8, Sept.

OGIER, E. (1987) Working and Learning: The Learning Environment in Clinical Nursing. Scutari, London.

OGIER, M. (1989) Reading Research. Scutari Press, London.

OLIVER, R & ENDERSBY C (1994) Teaching and Assessing Nurses: A Handbook for Preceptors London: Bailliere Tindall

PORRITT, L. (1990) Interaction Strategies. 2nd edition, Churchill Livingtone, London.

QUINN, FM (1994) The Principles and Practice of Nurse Education. 3rd ed. London: Chapman & Hull

REILLY, D. E. (1977) Teaching values: Theory and Process in Reilly, D. E. (ed) Teaching and Evaluating in the Effective Domain in Nursing Programmes.

ROGERS, Freedom to learn for the 1980's. Charles Merrill Pub. Colombus, Ohio

ROWNTREE, D. (1990) Assessing Students: how shall we know them? (2nd edition). Harper & Row.

SAYLOR, C. R. (1990) Reflection and Professional Education: Art, Science and Competency. Nurse Educator, Vol. 15, No. 2, pp. 8 - 11.

SHEEHAN, J. (1986) Curriculum Model: Product Versus Process. Journal of Advanced Nursing pp. 671-678.

STEPHENSON, P. M. (1984) Aspects of the Nurse Tutor/Student Nurse Relationship. Journal of Advanced Nursing 9 (3) 283 - 290.

TRAINING & DEVELOPMENT LEAD BODY (1992) National Standards for Training and Development.

WHITTAKER, A. F. (1984) Use of Contract Learning. Nurse Education Today 4, 2 : 36 - 40.

Planning and history of the module

The module had been developed within the past 18 months. Prior to the creation of this module, there had been a plethora of short programmes which were designed to help practitioners facilitate and assess learning in a variety of specialist clinical areas. There were obvious overlaps in these programmes and inefficient and expensive use of teacher time had been identified. A planning team had been established to create a module which replaced the short programmes This planning team consisted of educationalists as well as practitioners and senior clinical managers who represented the trust. The remit of the team had been to produce a module which covered the principles of facilitation, teaching and assessment skills so enabling practitioners to transfer these skills to a variety of clinical settings.

Collection of data

Data were collected from six individuals.

The education manager - member of the planning team and manager for the module. This individual also acted as the module teacher on the college sites at which data collection took place. She was therefore able to comment on both the planning, management and teaching of the module.

Learner 1 - paediatric staff nurse, who had worked in this speciality for the past seven years. She had just completed the module (October) and was currently working in an acute paediatric area which was mainly concerned with conditions requiring surgical interventions.

Learner 2 - staff nurse, who had just returned to studying the module after having had a break. At the time of the data collection she was working in a care and rehabilitation of the elderly unit.

Clinical nurse manager 1 - manager responsible for the management of the midwifery, gynaecological and paediatric unit within one of the trusts.

Clinical nurse manager 2 - manager who had taken part in the planning of the module and who was the link person between the college and one of the trusts.

The dimensions of flexibility

The dimensions of flexibility reported by the senior education manager in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..

Name of contact person...

Telephone number..

Title of module/course........TEACHING AND ASSESSING IN CLINICAL PRACTICE

Is this a module or course? Please indicate with a tick. Module ☑ Course ☐

If module, please indicate level.........2...

Total number of hours of learning for module/course...

CATS-rating..........20...

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	
2. The institution offers this module/programme at more than one location	✓
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	✓
5. The timing of the module/programme is negotiable to meet the needs of the individual	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	
3. Module/programme offered as one of a choice of a different group of modules on each occasion	✓
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	
3. Learners are able to negotiate to use a mode of study of their choice	✓
4. Mode of study specified by the teacher, institution or external agency	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	
2. Some choice for example two or more entry points during the year	✓
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	
2. Specific qualifications required	
3. Range of qualifications and experience accepted	✓
4. Evidence of learning from appropriate experience accepted (eg APEL)	✓
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/ programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	
3. Requirement to attend an educational establishment for some module/ programme learning activities at a specified time	✓
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	✓
2. Negotiable finishing date	
3. Negotiable within a fixed time span	
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	
3. One payment in full at fixed point during the module/programme	
4. Payment by cheque or cash only	
5. Payment by credit card accepted	
6. Direct debit payment over several months	
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	✓
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL	✓
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	✓
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	✓
3. Teacher/trainer + other people such as specialists or peers	
4. Teacher/trainer + other resources and people	
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	✓
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	✓
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓
5. Access to tutorial support restricted to working hours	
6. Tutorial support available outside working hours	✓
Pace of progression through the module/course	
1. Pace determined by the tutor	
2. Pace negotiated between the tutor and the student	✓
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	
2. Assessment twice during the module/course with fixed submission dates	✓
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	✓
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	
Assessment of practice	
1. Same criteria for each student	
2. Criteria based on individual student's learning needs	✓
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data these were the dimensions of flexibility that were explored in some detail:

- provision of module
- location of module
- time of the module
- module/programme choice
- mode of attendance
- finishing date
- mode of teaching and learning
- range of mode of study
- resources for teaching and learning
- access to teacher support
- pace of progression
- method of summative assessment
- assessment of practice

Access

Learners obtained a place on the module in one of two ways. As part of their continuing professional development, individual nurses wishing to undertake the module would negotiate a place with their respective clinical managers. Also the trust would 'reserve' a places during the year and then within that trust, nurses were approached and nominated to take up the places.

The module was only available when a minimum number of learners had enrolled. It was a popular module however and heavily subscribed. Learners knew of its popularity and learner 1 had been anxious about securing a place:

> *"I think this particular module is one that's needed quite a lot and the numbers (of applicants) are high, so I didn't think the module would be cancelled. I was quite late applying and I wondered if there might be too many of us."*

There were two main entry criteria. First, to be able to be credited with the whole of the module, the learner had to be a first level nurse. This requirement did not exclude second level nurses undertaking the module but they were not able to be credited with the award (3). The college also recommended that the learner should have at least one years post-registration experience,

> *"because we feel they need to consolidate their pre-registration education before undertaking their role of teaching and assessing"* (Education manager).

The clinical manager who had been part of the planning team considered that it was helpful from the trust's view point that second level nurses could access this module:

> *"We've got some quite highly graded enrolled nurses and they're used - there's no two ways about it - for teaching staff because they hold the grade because they have the expertises in that particular field. I think the fact that enrolled nurses can now access the module is an advantage"* (4).

There was no selection process as such. However the needs both of the individual learner and the trusts had to be considered when offering places on the module as the education manager indicated:

> *"I feel that that has to be tempered against the needs of service (trusts) and therefore the guide-lines are that we offer the module dates to the managers and they nominate who they want to go on which dates. We may well guide them to who we feel is more appropriate than another, or we may say 'you need to be aware that such and such a ward actually need facilitators and assessors. So at the moment I know that paediatrics actually need facilitators and assessors because of education programmes planned to commence in the near future."* (Education manager)

A data base which recorded the number of facilitators and assessors working within each clinical area was maintained by the education manager. This data base was clearly of value:

> *"I've demonstrated they (the trusts) may well have either a plethora or they have a hole and it's been a very useful tool"* (Education manager).

At the time of the case study there was a six-month waiting list for the module. The college was in the process of sending out information to the clinical managers which identified members of their clinical staff who had contacted the college to express an interest in the module:

> *"we'll say 'these people have demonstrated an interest' and they can say well actually I don't want her to do it this time because etc'. I think that has encouraged a greater commitment from managers when they've nominated their own staff. It's also forged communication links between me and them. So I'm building a greater interface because of the flexibility. It will take time, but it's beginning to happen"* (Education manager).

Clinical manager 1 in particular was concerned about the number of places available:

> *"there doesn't seem to be a lot of planning and particularly for midwifery where as I said the module is used as a refresher programme. We know at the beginning of the year, we know two years in advance actually how many people need this module and it is extremely frustrating not to know until practically the last minute whether we've got those places. Because there are not places on the module it means that we then have to go out and find refresher course places for people around the country and if we leave it too late, they're booked. That causes problems with the service because we're having to send people away and we can't necessarily get the placement that people want to go through. So we put a lot of pressure on people as well as service wise."*

She also expressed concern about her lack of control over the priority of allocating places on this module in her own area:

> *"in terms of priority for the wards and departments I don't think we always get that right. I may have a priority that overrides who's actually on the waiting list and I don't feel there's very much understanding of what the impact is going to be if the college brings six people from the same ward on the same course. That's no good. If everyone is suddenly given a place we just can't cope with it. It's unfair on the staff. Training doesn't come up that often for them. To have to say 'you can't do it because we can't release you' is very*

> *unfair. Whereas if we hadn't raised people's expectations in the first place we wouldn't run into so many problems."*

In the view of the second clinical manager, there had been a change in the trust's position. In the past the trust had not exercised *"control"* over which members of staff studied the module.

> *"Now we look at who goes, whether there's a need for them to go."*

All staff working in clinical areas with learner nurses were expected to have undertaken the module. Those staff in clinical areas which did not have learner nurses were able to access the module but would not be supported by the trust either financially or in terms of study time provision. This situation highlights the tension between the needs of the trust and the individual nurse's own professional development needs. If a nurse wished to change his/her job and work in a clinical area which had learners she would need to have studied this module. The trust however would not support her in her study whilst she worked in a clinical area which did not have learners. This appeared to be a classic 'catch 22' situation. However the nurse would have the option to studying the module in her own time and at her own expense.

During any one year the module was available on all eight college sites and learners were able to study the module on any site they wished. Those learners who lived close to a college site often wished to study the module on that site rather than the site nearest to their work base. This was not a problem for the trust, firstly because some learners undertook the module in their own time, although they were allowed time off in lieu, and secondly because learners were not paid travelling expenses. The learners interviewed were not aware of the possibility of negotiating to study the module on any site. They had received a timetable of activities prior to the start of the module and at the same time were informed of the location. Both learners however had been offered a site which was close to both their work and home so travelling to the college site had not created any problems for either of them.

The module operated on a rolling basis spread over the eight college sites, so if learners missed a study day they could attend that study day at another site as one of the learners indicated:

> *"A few of the girls have had days when they know they can't attend a study day and they've (the college) fitted them into one of the other sites."*

The first clinical managers wanted more continuing education programmes. She also wanted this module in particular to be based on the site of the trust although she recognised the difficulties. The college and trust no longer occupied the same site as a result of the development of a new hospital building. In addition, the trust as a whole did not have a great deal of tutorial space and was probably unable to make long term commitments in terms of the space that was available. Also it was likely that the college would be required to rent any such accommodation from the trust and this could prove uneconomical for the college in the long term (5).

One of the learners indicated that she had initially wanted to study a module which focused on caring for the diabetic client/patient. However she had been told by her clinical manager that the clinical area did not require expertise in that area of patient/client care and that if she wished to undertake the module it would be in her own time and at her own expense. Again this situation illustrates the potential conflict between the interest and needs of the individual in terms of professional development and the interest and needs of the trust whose priority has to be to ensure that staff have the expertise needed for the clinical area in which they are currently working.

This learner had later been approached by her clinical manager offering her a funded place on this module (Teaching and Assessing in Clinical Practice) with supported study time. The learner had agreed. The offer had come within a month of her original conversation with her clinical manager and she was conscious that she had taken precedence over some nurses who had been waiting for up to 18 months to obtain a place on this particular module. However, it had been explained to her that there was a need for facilitators and assessors in the particular clinical area in which she was working. If there are insufficient numbers of facilitators and assessors to accommodate the number of learner nurses in a clinical area it is possible that the clinical area may have to be withdrawn from the education circuit. Withdrawing clinical areas from the education circuit can have major implications for a college of health as there are only a finite number of clinical places available for learner placements. In addition to this clinical staff value having learners on their wards and are keen for their clinical area to offer learner placements.

Although the module had set starting dates, learners were able to

> *"dip in and out"* (Education manager)

of the module as it was divided into the three parts. This meant for example that it would be possible for a learner to study one part and then at some later time study the second part and then the third, thus completing the module over a protracted period. This gave a degree of flexibility. Learner 1 had not been able to negotiate the time of starting the module but this had not been a problem for her.

The second learner indicated that the college had been flexible about when she started the module. This flexibility had been very important to her:

> *"because I'd applied for the Prince's Trust Volunteer Programme and I wanted to be able to do that if I got the place. So obviously if I had started this module I wouldn't have been able to do it."*

This learner had started the module, completing the first part ,but then had required 'time out'.

> *"I actually started back in July last year and I did a week's block and then I was about to start my teaching and assessment study days and unfortunately I was off sick for four months with arthritis, so I was really quite concerned that I'd started this module done a big chunk of it and obviously I wanted to complete it. So I negotiated with the education manager and she was really helpful. She said 'when you're ready to come back to work then speak to me and I'll then fit you onto the next module. So there was no pressure. She was really supportive I was worried enough about coming back to work anyway, so if I hadn't the choice of starting a bit later on I think I would have thought it was too much and I couldn't have done it all at once. I don't think I would have continued."*

Completion dates for the module were at fixed points but as a result of learners being able to 'dip in and out' there was some variation.

The trusts welcomed the fact that the module was offered during the evening as well as day-time sessions. It was particularly useful because of the number of staff that needed to undertake this module. Before the development of the module, learners wishing to become facilitators and assessors needed to spend block periods of a week or more, away from the clinical area, on a study programme. Trusts had found these block periods of study very difficult as the clinical area had to be appropriately staffed. The college had responded to the trust's request for a module which included individual study days spread over a period of time rather than study days being 'blocked' together.

Written information, given to the learners before starting the module, stated that,

> *"In order to meet the ENB requirements participants must attend 80% of the available study days."*

The college kept a register of attendance. Learners stated that at the beginning of the module it had been made clear to them that they would be able to negotiate attendance at teaching sessions. This flexibility was viewed as being very important for learner 1 in particular who had undertaken a number of continuing education programmes prior to this module She had taken the opportunity to use the time acquired through negotiation to concentrate on other aspects of the module, something she felt she needed to do.

> *"It was up to us to negotiate. I'd recently completed the RSCN programme six months previously, so I was up to date with professional issues and I was also at that time doing the professional studies module, so some of the things I was duplicating I was able to go to (the teacher) and say 'Do you think I need to attend this one?' and she told me the aspects of it and asked me if I though I needed to attend. I could say 'no, but I'd like to read around that'."*

For the other learner the 80% attendance had been difficult due to ill health. However being able to suspend her studies and return to the module at a later time meant that this difficulty could be overcome.

Summary

• The module operated on eight sites on a rolling programme offering flexibility of location. As well as giving flexibility in the location of the classroom based sessions, this arrangement offered learners the opportunity to 'catch up' on study days which they had not been able to attend on their allocated site by attending the session on another site.

• The module was separated into parts which offered the opportunity of studying one, two or all of the parts and in any order. This enabled practitioners to plan their continuing professional development to meet their needs.

• There were differing perceptions of flexibility of provision between the college and the trust. There appeared to be limited understanding of each other's difficulties and problems. The trust felt their needs were not being met in terms of the number of places available. However, the college considered that it had attempted to meet the requirements but had limited resources for delivering the programme. This case illustrates the difficulty of providing flexible education programmes on a large scale and draws attention to the importance of effective communication.

• Negotiated attendance meant that learners could maximise the use of their study time. In this way they could meet their own educational needs.

Key issues in the management of flexible learning

• Moves into higher education may well have implications for a college's move towards increasing flexibility. There are potentially competing demands on a colleges of health. Firstly, there is the need to satisfy the requirements of the higher education institution and secondly there are the pressures from other stakeholders, such as the trusts and practitioners, to increase flexibility.

- Controlling the quality of a module which is delivered on a number of different sites at different times of the year and on a number of occasions can potentially present difficulties. Quality control and assurance procedures need to take account of the implications of this kind of flexibility of provision. Management of such procedures is essential to ensure that the quality of a module can be sustained across the sites.

- Part of the management of flexible provision is deciding who should enroll and the management of entry to a module/programme is complex. There may well be competing demands from individuals and the trusts which could be difficult to resolve. In this instance, both the trust and the college held a data base which was used to identify clinical areas where there was a need for staff development which would be provided by such a module (see 'Good practice in the management of flexible learning' below). However, differences between trusts and the college in the criteria used for allocating places appeared to be exacerbated by a lack of communication between the two parties. Effective management of the allocation of places would require clearly set out guide-lines on selection although the interpretation of such guide-lines would still be a relatively difficult task. Nonetheless such guide-lines would be of value. The guide-lines would need to be drawn up and agreed upon by both trusts and college.

- Although it was possible for the learners to negotiate to study the module on any of the eight sites, they were not aware of the possibility. This lack of awareness highlights the need for good communication so learners might benefit fully from the flexibility of provision.

- Offering delivery of the module at a number of sites incurs a high level of marginal cost in comparison with the delivery of the module at one location especially if that location is the college. College teaching rooms funded by the institution may remain empty or be under-used while additional accommodation is taken up (with incurred cost) at another location.

- Dividing modules into sub-modular units gives additional flexibility especially if the parts can be taken in any sequence. Such sub-division does however present additional management difficulties.

- The trusts welcomed the fact that the module was offered during the evening as well as day-time sessions. There are obvious benefits to the trusts which arise form nurses using the nurses' using their 'own time' for professional development especially as the trusts themselves benefited form the resultant development. In this instance, if the trust learners were taking up a place secured by the trust then they were given time back in lieu. However, for a variety of reasons, there may be increasing pressure in the future for nurses to fund their professional development.themselves.

- In this case there appeared to be some degree of flexibility in attendance. However this flexibility raises the question of 'What are the acceptable lower limits for attendance?' This educational/management decision is an important one, especially if, despite low/borderline attendance, the learner then submits for assessment a high quality assignment.

Areas of good practice in the management of flexible learning

- The module was offered repeatedly on different college sites and this therefore allowed the learners to catch up on missed study days.

- Both trust and college had a data base which helped to identify the clinical areas where there was a need for places on the module. This good practice was apparently undermined by however by the quality of communication between the trust and the college.

Teaching and learning

The college AP(E)L strategy offered the learners an opportunity to be credited with previous knowledge and experience. However neither of the learners interviewed had chosen to take this option.

Information sent to the learners prior to starting the module briefly outlined the module content. The learners followed a set curriculum but a particular topic area could be covered at their request. Learners appreciated, and supported the general principle of, being able to negotiate changes in the content of the module. On occasions the learners had thought that their time could be used more effectively following other topic areas than the ones time-tabled. When this happened they made their views clear:

> *"we shouted, there was a Friday afternoon session and the title really reflected back to things we'd done. So we thought because it was a Friday afternoon we could use the time more constructively. We were allowed to do that and we went through all the things from that week that we weren't quite sure about."*

The information given to the learners prior to commencing the module, indicated that a variety of teaching and learning strategies would be used. The manager considered that all the strategies were predominantly learner-centred and the learners agreed. There were opportunities for the learners to discuss their preferred learning styles with teachers. In addition, most of the teachers asked the learners to evaluate their teaching sessions and gave the learners the opportunity to comment on the teaching and learning strategies used. Some of the teachers negotiated learning strategies at the beginning of a session. When this happened the teacher would indicate the intended strategies and the learners were then given the opportunity to say if they would prefer a different teaching and learning approach. This negotiation happened within group sessions but the learners considered that there was consensus within the group on the preferred teaching and learning approaches. In the words of one learner:

> *"We rarely had a straightforward lecture unless it was of importance to everyone. Very much the way the lessons went was down to how the group and teacher felt at that time and how they negotiated it. . . . .If someone didn't agree with what the teacher said they'd say 'right, let's discuss this between us. Who thinks so and so?' It was more like adult learning."*

This negotiation was important for one learner who considered that she was

> *"an organised person"*

and needed structure within sessions. If she knew what learning and teaching strategies were to be used it provided her with the structure she needed. She considered that if teachers went into a classroom and started a session without this negotiation, she often found it difficult to concentrate because the structure, in the sense of knowing the learning and teaching strategies to be used, was not there.

The learners interviewed disagreed on whether or not they had a personal teacher. However, both learners agreed that part of the role of the link teacher was to provide them with teacher guidance if required. Both learners however felt that they had access to teacher guidance if they needed it and they felt able to contact the person outside normal working hours, both during the evening and at weekends.

> *" . . . she gave us three different 'phone numbers, work, home and mobile 'phone number and she said we should never hesitate to get in touch. She said we might not always get her the first time, but if*

> *we left a message she would contact us within 24 hours. That was really helpful because we all felt there was a lot to do on the module and were wondering if we were going to be OK."*

Only one of the learners had used this option but she had found it valuable as she had received information at the time at which she had required it and had not had to wait.

> *"I left a message and she got back to me the same day, which was really good."* (Learner 2)

There were three one to one tutorial sessions with the teacher planned into each 'part' of the module. Learners were able to negotiate more sessions if they needed them. Each tutorial was expected to last no longer than half an hour. Before the start of the module learners were given written information on how to prepare for these tutorials. Teacher guidance was viewed by learners as a means of knowing that they were

> *"on the right track"*

or that they would

> *"get a good result"*

from a piece of work which was to be marked such as a reflective diary.

Learners received information on library opening times before the start of the module. All of the college libraries on the different sites were staffed, except for one, and the majority offered the services of a qualified librarian. All libraries offered access to a computer and CD-ROM literature-search facilities. Opening hours were mostly confined to day-time only, although some libraries offered learners key access outside of opening hours. One learner found that the library opening times caused problems. It was particularly difficult to access the library if learners were on an 'early' shift of duty. Such shifts usually finish at 16.30 hours but it was not often possible to leave the ward on time. As the library closed at 17.00 hours she often had to use her day off to visit the library.

Because the module was in three parts, to an extent, learners were able to study at their own pace. This separation into parts gave the learners the choice of when to study each part as well as some control over the speed at which they progressed through the whole module. As the education manager explained:

> *". . . . you could actually have someone, as I do today, who actually did the two-day workshop quite some time ago and has now come back to do the three-day personal and professional development and then will cover the six study days on teaching and assessment at a later date."*

Summary

- Because the learners were able to negotiate the content of the study days their time was not wasted covering material which they already knew. Negotiating the content gave the learners the opportunity to pursue other areas of study which they considered to be more appropriate to them at the time. This flexibility had been important for both the learners who were interviewed.

- Negotiation of the mode of learning had been crucial to the educational experience.

- The learners appreciated being able to access teacher support when they needed it. This access did not have to be face-to-face contact, talking to a teacher over the telephone was considered to be extremely useful by the learners. The learners did not expect instant access but felt reassured by knowing that they could leave a message for a teacher and usually that teacher would contact them within 24 hours.

- Accessing materials in the library was not always easy because of the mismatch between the learners' working hours and the library opening times.

Key issues in the management of flexible learning

- If teachers are to negotiate content they must know the parameters within which that negotiation can take place. Without a clear statement of constraints, the module could deviate from its original aims. There are very important management implications here, for example what happens when the learners demand - and need for that matter - to learn an area of content outside the prescribed limits of the module?

- The learners interviewed disagreed on whether they had a personal teacher but despite this disagreement both were able to agree that they felt supported and had access to a teacher when necessary. From the responses of the learners in this case accessing teacher guidance is important in the management of flexible learning.

- Access to library provision needs to be managed as part of the management of resources for flexible learning.

Areas of good practice in the management of flexible learning

- Prior to starting the module, learners were provided with information on a number of aspects of the module and its delivery. Providing learners with adequate information in this way enabled them to fully utilise the flexible options available to them.

- Teachers responded to learners telephone messages within 24 hours of the message being received. This is good practice and illustrates what should be expected in terms of access to a teacher and provides a bench-mark for quality of provision.

- The provision of three tutorials per learner in each part of the module allowed the learners to receive appropriate guidance but in addition, the learners were able to decide the format that the tutorial should take which helped to enable their individual needs to be met.

Assessment of theory

The module was assessed both formatively and summatively.

The learners were given completion dates, for both the assessments of theory and practice, at the beginning of the module.

> *"The two main pieces of work we have to do are a reflective essay, reflecting on our practice as a teacher - so that's a set piece. The second piece we have to do is a research based essay on an area of our choice, but we have been given quite of lot of guidance to do it on something that interests us and that we can use in the work place, so I'm hoping to do mine on depression in the elderly because we see an awful lot of depressed patients, especially after strokes, etc. So hopefully I can take it back and use it "* (learner 2).

The other learner interviewed felt the 'openness' of the assessment topic was very useful. However, she found it difficult at first to ascertain the 'level' at which she should be writing:

> *"My concern was at what level do I write? As I say, I'd completed the RSCN course and was doing Diploma level and I thought "What do they want from me? How much writing, how much literature? How many references? Is it a discussion?"* (Learner 1)

This learner resolved the problem by discussing her difficulties with her personal teacher. The written assessment work was based on demonstration of achievement of learning outcomes. How this was demonstrated was for the learner to decide. This appeared to create some anxiety amongst the learners who commented that they were unclear about the expected format of the written work. The issue of expectations of written work is revisited later in the case study.

Summary

- Learners were able to choose a topic for the written assessment. Guidance was given however and learners were recommended to choose a topic which interested them but which also related to an aspect of patient/client care in their clinical area. The data indicates that relating theory and practice in an assessment in this way is more likely to lead to enhanced patient care.

Key issues in the management of flexible learning

- Allowing learners to decide how they demonstrated the achievement of learning outcomes in the written assessment, enabled the use of a variety of approaches. Not providing a format for written work however can create anxiety in learners and may be a barrier to learning.

Areas of good practice in the management of flexible learning

- Providing written information on the completion dates for the assessments of both theory and practice enabled learners to know what was expected of them and to plan their study and work accordingly.

- Although learners were able to choose the topic area for their written assessment, learners were guided to choose a topic which related to patient/client care in their clinical area. In this way the assessment was practice lead, linking nursing theory and practice.

Assessment of practice

Previous programmes which focused on the development of facilitation and assessing skills had limited assessment of practice. The planning team saw assessment of practice as an important element in the module. Ten key skills of facilitation and assessment had been identified and these formed the basis of the continuous assessment of practice. Learners were encouraged to make a self-assessment against these ten key skills at the beginning of the module. They were asked to identify their own skill level using a ratio of one (low) to five (high). Learners then discussed this self-assessment with their facilitator in their clinical areas, exploring the ways in which they might develop their skills and the desired learning outcomes .

The learners interviewed emphasised the importance of the negotiation process that took place with their clinical facilitator:

> *"Sometimes it took careful negotiation if you were on night duty and you certainly had to pick a subject or a person that was going to be around for a couple of days. Paediatrics has quite a fast turnover. In a long stay area it would be easier. You also had to seek permission from parents. So you had to prepare the parents for the teaching session, as well as the student having to be prepared. So it*

> *was quite a long process, a lot of negotiation between a lot of people."*

Learners were able to negotiate the topic area for the assessment and could undertake the assessment whilst on night duty if they wished. There was also the opportunity to be spontaneous as learner 1 described.

> *"My initial teaching session - a child's nasal gastric tube - there was enough time and the child needed the nasal gastric tube passed again. Mum was awake and willing for it to be used as a teaching session, so we used it."*

Flexibility in this assessment had been very important to this learner:

> *"obviously if you're the most senior nurse on duty you've got patients allocated, but there are also a lot of things that take up your time and it really did have to be negotiated. Prior to the teaching session, but also at the time, I was worried that if I was so busy there wasn't anyone who could take over at that moment."*

There were however times when learners found it difficult to meet with their facilitators. Although the learner quoted above knew her facilitator's duties, the needs of the clinical area had meant that their duties had not coincided for a number of months. This resulted in this learner being under pressure to complete the assessment of her practice within the time span stipulated. Even when the learner and facilitator had met, there was little time to spend discussing the learner's progress and learning outcomes:

> *"it had to be on the hoof. You were negotiating as you were working."*

Assessment of practice is complex, and the process must not interfere with patient/client care. Flexibility in terms of where and when an assessment of practice takes place may well have been born out of necessity here rather than as a planned flexible element of the module.

From comments made by the second learner it appeared that there was also an element of choice in the way in which practice was assessed.

> *"You choose to teach a skill in a structured, manner or you can just work a shift with them (facilitator) and they can shadow you and assess your skills as you go along."*

The learner felt that this had been useful, particularly the option of being 'shadowed' by her facilitator, who was also her manager.

> *"our manager is just implementing clinical supervision, so we all know that she's looking at what we're doing. So everyone is very aware of their practice at the moment. It can only be a good thing."*

There was no formal provision of time within the module for learner and facilitator to meet. Learners were responsible for negotiating time with their facilitators. The college had however attempted to protect the interest of the learners which learner 2 had found reassuring.

> *"Whoever your facilitator is at the beginning of the module they have to sign documents to agree that they're going to be your facilitator and they're going to do this work with you, so they have a responsibility to you which is quite reassuring for you"*

Teachers and facilitators met as a group on a regular basis to discuss any difficulties which the facilitators might be experiencing.

Summary

- It was important to the learners to be able to negotiate both the choice of topic for the assessment and when and where the assessment took place.

- The assessment of practice might take the form of a formal planned teaching session, or if they wished, the learners could be 'shadowed' by their facilitator during a shift of duty.

- The relationship between the facilitator and learner was formalised by a document which the college had produced and which was signed by the facilitator.

Key issues in the management of flexible learning

- The assessment of practice almost inevitably has to be flexible in order that the service to the patient/client is not compromised in any way. Ensuring the quality of the assessment process in this situation is is an important but difficult management task.

Areas of good practice in the management of flexible learning

- Learners were encouraged to self-assess their own levels of skills at the beginning of the module. This increased the likelihood of their individual learning needs being met.

- Negotiation between learners and facilitators took place as they were working. This process made allowance for the complex and dynamic nature of nursing practice. However, provision of time for learner and facilitator to meet to discuss professional development matters is important and was illustrated here as good practice.

- The relationship between facilitator and learner was formalised to the extent of the facilitator signing a document. Here the college had attempted to ensure that the facilitator was committed to supporting the learning process.

- Meetings between teachers and facilitators enabled the parameters of flexibility in the assessment of practice to be discussed and for a shared understanding of the process to be reached.

Evaluation

The college did not have an evaluation instrument which specifically evaluated the flexible aspects of the module. The education manager indicated this was something which she wanted to develop.

> *"I think that would be our next job given the opportunity, because we haven't got there yet and I'd like to purely because I like to be a very flexible person, but a lot of people have a lot of problem coming to terms with letting go. As long as you've got a learner sat in front of you with their mouth open you can actually shovel it in. It's the feel good factor. I think teachers find it very difficult to evaluate themselves and wonder whether actually it could be something to do with their delivery that the learners aren't learning.*

> *I don't say I'm the sackcloth and ashes type and there must come a point where hand on heart you can say you've done everything you could, but I don't think we have. I think we should have some sort of evaluative tool, but I think it's going to be quite uncomfortable for some of the teachers. We're nearly at that point. And they're quite animated by it all, they think it's quit good fun. But I think you need time to get to that point."*

The trust had not been formally approached by the college to take part in an evaluation of the module, however after the first group of learners had completed the module an informal evaluation had taken place at the Nursing Advisory Committee. This committee provided a forum for discussions between the college and the trust. This had been important during the development stage of the module.

> *"We've got a system within our area where we haven't actually got nurse managers. The most senior managers are the ward managers. But we have Directorate Nurse Representatives and those nurses come to a Nursing Advisory Committee and anything that's decided on education or nursing practice or whatever goes through that particular committee. So all the Directorate Nurses were involved in discussion and acceptance of the package at the end of the day. One of the tutors sits in on that particular group as well, so there's quite a lot of discussion about it."* (Clinical manager 2)

Both the college and the trust were apparently comfortable with the relatively informal evaluation procedures that were used. The clinical manager who had been a member of the planning team commented:

> *"Certainly overall evaluation seems to be that it's working well. We haven't had a formal evaluation. It's probably something we ought to do."*

Summary

• The college did not currently have an evaluation instrument which covered the aspects of flexibility and it was acknowledged that there was a need for one to be developed.

• Informal evaluation of the module between the trust and college had taken place. However, the clinical manager who represented the views of the trust was conscious that a more formal evaluation should be undertaken.

Key issues in the management of flexible learning

• Reliance upon informal evaluation processes may not be appropriate. Formal evaluation of the management of flexible modes of learning and teaching needs to be undertaken. The performance indicators could form the basis for such an evaluation.

Areas of good practice in the management of flexible learning

• The Nursing Advisory Committee described in this case study provided an opportunity for the development of a collaborative partnership approach to the provision.of education.

Impact of flexible modes of learning on educational experience and achievements

For Learner 2 the flexible nature of the module had been very important:

> *"For me I think the flexibility was just about everything because if it hadn't been flexible I wouldn't still be doing it. I'm quite enjoying doing the module in the evening. It's 5.00pm - 8.30pm and I've managed with my manager to agree that because two evenings make one shift I have a study day every other week and then I have a day off the other week on a Tuesday when the module is. So it's worked out quite well for me because I get a full day when I can write up my work and then go in the evening and do the next study day . . . . I think they've done really well I must admit. They offer day, evening modules, you can catch onto a module if you've missed a bit. I think they've done really well."*

When asked what she had learned as a result of the flexible nature of the module she responded as follows:

> *"To be flexible myself. It had a lot of benefits. To be aware that people have different needs. Some people can only study in the evening and some in the day time. A lot of people are already working and have child care, etc. So I think flexibility really enables people to do it. They couldn't do it if it were a day module . . . . It's made me realise that learners have another life as well as their life on the ward and you have to try and fit in with them. . . . .I'm enjoying the module because you know you can ask anything really. It's negotiable, even to swapping study days by going to a different site if you have a problem. I think having the personal teacher who you know is supporting you really helps"*

This learner also welcomed the opportunity to choose the topic for the research based essay.

> *"I was quite pleased we could choose something because it's always easier if it's something you're interested in to go away and find out about it. If you're given a subject you know nothing about it's that much more difficult to get started, let along research it and write it up."*

For learner 1 the flexible nature of the module had had a major impact on her educational experience.

> *"There were times when I'd been in college and then had to work the night, which is quite difficult because it's extremely tiring. On the occasions that did happen I was able to negotiate with the teachers and say 'I've attended that particular lecture before. I promise I'll read up on it but do you mind if I go at 3.00pm because I need to go to bed.' People were quite open to negotiation . . . . It was very much a module where you identified your own needs. It was a learning situation for a lot of people and you took quite a lot back from lectures and things back to the clinical area and you could help people who'd done the course in previous years and say "I've discovered such and such."*

For this learner the flexible nature of the assessment of theory had enhanced her learning experience.

> *"I found that bit quite exciting. Especially doing the assignment on a learning experience. The different levels we teach at everyday. And the module enabled you to look at the different bits. You didn't have to do 1,2,3, of your assessments all on the same area it was*

> *flexible enough to be able to measure a different situation each time."*

The clinical manager, who had been a member of the planning team for the module, felt that it was difficult to assesses the impact that the module had had on the practices of nurses in the clinical area. This was primarily due to the fact that there were only a relatively small number of nurses who had currently completed the module. However, the ward managers were reporting that the learners certainly appeared to be very enthusiastic, and often critical of the current practices of facilitation of learning in the clinical area

> *"and what they're saying is sensible."* (Clinical manager 2)

However, she felt that the trust needed to look at formally evaluating the outcomes instead of just relying on what ward managers reported.

Similar comments were made by the other clinical manager interviewed.

> *" I think there was a concern a little while ago about what the reason was for doing the programme and I think a lot of people felt there was a requirement to do it because it was there and if we didn't have people (credited with this module), we couldn't have learners. So it's almost not the right reason for doing a course. I think now there's a greater awareness from staff that they have a responsibility for their own updating and that it's important that they initiate that partly rather than being directed all the time. So I think there is probably a greater participation now, people wanting to do the module for better reasons. I'm not saying the previous reasons were wrong, but they weren't necessarily the ones that really motivated people to do well.I find that as people come back from the module there's the advantages of sharing. Networking goes on for nurses. There's just a greater interest in wanting to research and look at the practice, why they're doing it."*

It should be noted here that such comments from this clinical managers are difficult to link directly to the flexible nature of the module. The two learners interviewed however felt that the flexibility had had a beneficial impact on their educational experience and achievements.

Summary

- The module was offered both in the evening and day time and without this flexibility one of the learners would not have been able to study the module.

- The flexible nature of the module had enabled one learner to understand the need to be flexible as an individual. It had also raised an awareness of the need to be flexible in the facilitation of learning in the clinical area.

- Being able to choose the topic for the assessment of theory had meant that learners could study issues which interested them. This had made the experience more enjoyable for the learner.

Areas of good practice in the management of flexible learning

- The option to study the module in the evening or during the day had enabled Learner 2, through negotiation with her manager, to make good use of her own time.

The management of flexible learning

This college covered a wide geographical area and it was often more convenient for the teachers to visit the learners in their place of work, than for the learners to travel to one of the college sites. This meant that teachers often travelled distances of over 100 miles to meet with a learner to provide the necessary support and guidance. In addition to this teachers travelled between all eight college sites to deliver the module. Every attempt was made to ensure teachers were not making unnecessary journeys. Lease cars were offered as an option to their own private car and all members of the college staff were encouraged to share cars whenever possible. Nevertheless flexibility here had serious cost implications for the college. Expenditure on travel was monitored against the hours individual teachers worked and any excessive travel by a teacher would be identified and efforts made to rectify the situation. The stress often associated with travel was not formally monitored although the topic might be raised during the Individual Performance Review. Whilst managers within the college were aware of the potential effects upon staff of travelling such distances, there was a feeling of helplessness about the situation.

Teachers' workloads were being monitored using data collected during Individual Performance Review interviews. This helped managers to spread the workload of the college as evenly as possible amongst the teaching staff.

a) Management of module across college sites

On each of the college sites there was a teacher who was responsible for the management and delivery of the module. Each of these teachers held a copy of the submission document for the approval of the module by the accrediting body, teaching packs which were used on the module and a management file. This management file provided a standardised format for the management of the module. Together these documents provided the parameters in which the module was both managed and delivered. As the module was delivered on a 'rolling basis' individual teachers had regular 'slots' or sessions on the module timetable.

b) Flexibility in curriculum content

There was a set curriculum which teachers were expected to follow, however there was a degree of flexibility as the education manager explained.

> *"the flexibility comes within the delivery and we do have teaching packs, but only so that there is some continuity and some sense of communication between the different teachers who are going to teach the different sessions. What I found on evaluating the old course and then the early modules of the new curriculum was that you could have two teachers who perhaps came from two different sites going in to teach the same group of learners, one say on lesson planning and the other on learning styles and they would teach the same thing because their interpretation of what they were doing was obviously their own and that's fine. But if you already have someone going in teaching about learning styles and then they're expecting lesson planning, to have it repeated was most infuriating from the learners point of view. So what we did as a group of teachers was to look at what we felt the content of the module was and the evaluations from the learners and then tried to make the curriculum programme from that. However, from the learner's point of view, if the learners, and they do because they're very vocal - and we encourage them to be, demand and suggest something completely different then that's what we do. An example of that would be that yesterday I went to (college site) to evaluate the*

> *module and you always open with 'Hello. How's it going. How are you?' and they open up with, because we encourage them to do so, 'Actually we're quite concerned about our written work' and there's nothing in the curriculum that really tells them how to write an academic essay. I spend the afternoon working on a workshop basis on how to do a literature search and how to write a literature research essay and how to write a reflective essay. So the flexibility is built within responding to the learners. If they want to be taught how to do were going to be doing at a later date. So we respond."*

Whilst the curriculum formed the framework within which flexibility of content operated it is interesting to note here that in this example the flexibility extended outside the curriculum but the subject matter had obvious relevance for learner achievement.

c) Communicating areas of flexibility to teaching staff

Teachers who taught on the module meet together on a regular basis. There had been numerous short programmes in existence, prior to the development of the module, which were all aimed at teaching practitioners how to teach and asses in the clinical area. The variations in these short programmes were often due to different interpretations of what learners needed to become effective facilitators and assessors. When the education manager came into post one of her first tasks was to replace these numerous programmes with this one module. The purpose of this change was to ensure a common 'philosophy' and educational approach across the college.

Teachers who were to be involved with the delivery of the 'new' module had met frequently including, a two-day period in a hotel, in order to arrive at a shared understanding of the aims and outcomes of the module. From these meetings, teaching packs had been produce. This was to ensure a common core content to sessions within the module across the sites. These packs provided the teacher with a base-line for planning a session.and contained the areas and issues which would be addressed but not the mode of delivery. Although the module was now operational and all of the teaching packs had been written, these meetings continued.

> *"We meet on a regular basis and set up our terms of reference and at those meetings we generally meet for the day and we have a set agenda and minutes and we work through it and then comment as is and when and toss things about and work things out. We don't leave until we can go way thinking we've sorted it out"* (Education manager)

d) Management of flexibility within assessed work

The teachers met on four occasions, spaced throughout the year, to mark and double mark all written assessments

> *"so that we're all having some sort of measure of parity and understanding "* (Education manager).

The flexibility of the assessment process focused around the college's philosophy of adult learning.

> *"we feel that these people are professional, qualified experienced individuals who should be given the opportunity to have the amount of flexibility in direct relationship to demonstrating that they meet the learning outcomes. And as long as the learning outcomes have been met then the way in which they demonstrate it is their responsibility. For instance, if you're writing a reflective essay and*

> *the learning outcome say that this learner will demonstrate theory of reflection and can apply it to practice and in relationship to teaching and assessing, then how they actually demonstrate it is up to them.. That's a model of flexibility that we use to a great extent across the post registration spectrum because the marking grid is one that's universally used within the college and also within the university and as long as they can demonstrate academic rigour and standards the flexibility is within the demonstration."* (Education manager).

e) Parameters of flexibility

There were written parameters for some of the aspects of flexibility of the module. For example, the college had decided that they were only able to accommodate 20 learners per module. This was due to a number of factors which were mainly concerned with resources. However, teachers, who were the module site managers, were often approached by clinical managers from the independent sector for places on the module. This request for places would be discussed with the education manager but if the module site manager felt that there were sufficient resources to accommodate these learners then they would be offered places. Module parameters were set out in writing by the ENB. However if some flexibility was required which might contravene these parameters, it would be discussed with the ENB's Education Officer.

Flexibility of the assessment process operated within the framework of the examinations and assessment scheme of the awarding institution. If for example a learner requested extended time to complete a written assessment, the teacher would contact the education manager and seek permission to agree to the learners request. This situation arose because there was a procedure that had to be followed and formal notification had to be given to the examination board. There was however a degree of flexibility in the procedure.

> *"There's also the informal bit where I think - and it is acceptable to a certain degree - that professional opinion and judgement has to be taken into consideration and therefore it might be that a teacher would say 'I've actually told the learner that although the hand in date is such and such that she needn't hand it to me until the end of the week because her computer disk failed' so there's a bit of flexibility. But on the whole it's following regulations with that flexibility."*

In other areas the parameters of flexibility were less well defined. These parameters existed through a shared understanding of the aims of the module and the professional knowledge of the teacher.

f) Communication between trusts and the college of health

The trust and college had differing perceptions of the relationship which existed between them and the quality of the communication which took place. Both clinical managers interviewed acknowledged the changes which had recently taken place within the college, using the terms *"turmoil"* and *"enormous upheaval."*

> *"At times I think the college is in such turmoil with the senior management changes that the left hand doesn't know what the right is doing. We could be accused of the same, but I do find that staff come back frustrated because the learning contracts they have are kept to very strict things. There's a requirement for certain things to be done by a certain time. In response, the college is supposed to say they have marked or assessed by a certain day and we're finding the commitment seems to be one way at the moment."*

This was the general view of one of the clinical managers and it should be noted here that the comments did not relate specifically to the module studied. The trust and college no longer shared a common site and changes in the health service had introduced the purchaser-provider roles. It appeared that both of these factors had affected the relationship and communication between trust and college.

> *"I suppose two or three years ago my colleague and myself would have known every teacher down here (the college) and we'd know exactly who to go to, when to go to them, telephone number etc., but because of all the uproar and re-organisation you don't actually know specifically who to go to"* (Clinical manager).

Despite the general sense of frustration in the above quotation both managers considered that the education manager who was responsible for this module was well known and very approachable. Although her college-wide remit made contact difficult, there was the option of leaving a message.

These general comments have been included within this case study to illustrate the particular problems faced by trust and college in managing flexible learning during a time of considerable change. The features of the current situation have implications for the communication.at all levels between college and trust.

Key issues in the management of flexible learning

- Negotiation between learners and teachers need to be set within the parameters of flexibility for the module. Without a clear statement of constraints the module could deviate from its original aims. There are very important management implications here.

- Delivery of modules on different sites can commit staff to a considerable amount of travelling and there are complex management decisions associated with that commitment.

- Whilst there was a reliance on shared understanding and individual professionalism in the assessment process, learning outcomes emerged here as being important in controlling flexibility in the content of the assessment.

- Recent changes in the organisation and management of the National Health Service have made the management of flexibility more difficult. Close, consistent relationships between purchasers and providers are very important.

Areas of good practice in the management of flexible learning.

- Learners were able to negotiate the location at which they met their teachers, and often the teachers would travel to the learner's place of work. This meant that the learner's time was not wasted in travelling to a college site.

- The distances travelled by teachers was being monitored and every effort was being made to ensure teachers were not making unnecessary journeys.

- Teachers workloads were monitored and attempts were made to spread the workload of the college evenly amongst teaching staff.

- Regular meetings of the module teachers helped to promote a common philosophy. Use of the teaching packs assisted in parity of delivery of the module across the college sites.

Notes

(1) The four branches of nursing are: adult, child, mental health and learning disabilities.

(2) There is a statutory requirement for midwives to update their knowledge and skills every five years.

(3) This point refers to the differences in the roles of first and second level nurses. Whilst second level nurses do not have a formal role in teaching and facilitating learning, as a member of the ward team, they contribute to the learning process.

(4) This point illustrates the tensions that have been present for many years in the clinical area concerning the role of the enrolled nurse.

(5) As a result of changes in the management and organisation of the health service trusts are now purchasers of education and colleges of health or other institutions the providers. Trusts own their hospital sites, teaching accommodation in a trust building would have to be rented by the college of health.

Case Study 2

Introduction and background

This case study was undertaken in February, 1995 in a hospice. The hospice policy demonstrated a commitment to the education of all those working in this specialised area of care, and teaching and learning facilities, including classrooms and a library,were provided on site. A variety of educational programmes were offered in conjunction with a local college of health studies. An education manager and teacher, who were responsible for the management and delivery of the programmes,were based at the hospice. Their salaries were jointly funded. Both manager and teacher had had a number of years of experience working in palliative care and there was a very good rapport between them and all hospice personnel. The infrequent short gaps between education programmes, offered the educationalists time to spend working in the ward areas of the hospice and as a result they were seen as part of the clinical team. Both educationalists also contributed to pre- and post-registration education programmes within the college of health studies. At the time of the case study, the college had not yet been incorporated into higher education, but already the process of personnel re-organisation had begun and there were indications that palliative care education would be provided differently in the future. The education manager was shortly to take early retirement leaving the teacher to cover the delivery of all programmes.

The module which was the focus of the case study was part of the modular palliative care programme. Details of this programme are given at the end of this case study.

The college, in conjunction with the local trusts, had decided to offer a modular palliative care programme as a result of developments within post-registration nurse education, for example, PREP (UKCC, 1992), and the development of the ENB Framework for Professional Nursing Practice (ENB 1993). As stated earlier, at the time of the case study, the college had not as yet been incorporated into higher education. However, a partnership had been established with an institute of higher education for the development of the ENB Framework and Higher National Award initiatives.

The palliative care programme had undergone credit and level rating with the institute of higher education and had been validated as a Diploma in Professional Nursing Practice (Palliative Care). In order to qualify for this Diploma, learners were required to follow the pathway as indicated below.

Foundations Studies (Level 1 Module) This was a ten-day module. It examined ten core themes which were viewed as central to nursing and which related to the ten key characteristics of professional nursing as identified by the ENB (ENB 1993).

Foundations in Palliative Care (ENB 931) (Level 2 Module) This module was designed for registered nurses for whom palliative care was part of their role. The module addressed issues of managerial and clinical importance.

Preparation for a Specialist Role (ENB 285) (Level 2 Module) This module was designed to prepare registered nurses for a more specialised role in palliative care. Candidates were expected to offer considerable palliative care experience and to be working in a palliative care setting.

Organisational Management (Level 2 Module) This module was designed to cover theories of organisational management and their application in the work place.

Nursing Practice Research (Level 2 Module) This module focused on the application of research methods to nursing practice. The emphases was on enabling learners to identify and outline research problems, develop an understanding of research methodologies and develop knowledge of and skills in the collection and analysis of data.

Teaching and Assessing in Clinical Practice (ENB 998) (Level 2 Module) This module was in effect a double module covering the aspects of Assessing in Clinical Practice and Teaching and Learning in Clinical Practice. These modules were taken concurrently within a 14-week period which was equivalent to the ENB 998 course Teaching and Assessing in Clinical Practice.

A document had been produced by the college with the aim of helping qualified nurses understand the ENB Framework and Higher Award. In addition to this document, clearly written information was available concerning the Diploma in Nursing Practice (Palliative Care). At the time of the case study one learner had almost completed the pathway leading to this award.

Details of the Module

Details of the module taken from documents published by the college are given below

Unit Title	**Foundations in Palliative Care** LC2350
Unit Leader	
Unit Length	14 weeks
Credit Rating	6 Credits Level II
Hours	112
Pre-requisites	Nil
Co-requisites	Palliative Care Practice (a)

AIM

The promotion of experienced Registered Nurses and other health care professionals in developing their knowledge and awareness of the professional and managerial issues involved in the continuing care of patients who have an incurable illness; the support of their carers during early bereavement; the encouragement of individual skills in the practice of palliative care.

Learning Outcomes

At the end of this Unit the student will be able to:

Identify themselves as a member of a known learning group

Identify a framework of moral principles associated with palliative care practice

Demonstrate an understanding of the elements of research-mindedness

Discuss the health education/promotion needs of the person whose life expectancy is short, their family or partner

Analyse the differing responses by families and partners to the needs of the terminally ill and evaluate the effect of this on the nursing management for that group

Foster improved communication between people receiving palliative care, their family, friends and professionals

Demonstrate a questioning, critical approach to the application of a nursing model for palliative care

Evaluate the impact of political issues that determine the provision of palliative care

Examine and evaluate approaches to helping others to learn

Analyse the complexity of a multi-disciplinary approach to palliative care

Reflect on the impact that change may have at a personal and organisational level

Key Characteristics 1,2,3,4,5,6,7,8,9 and 10

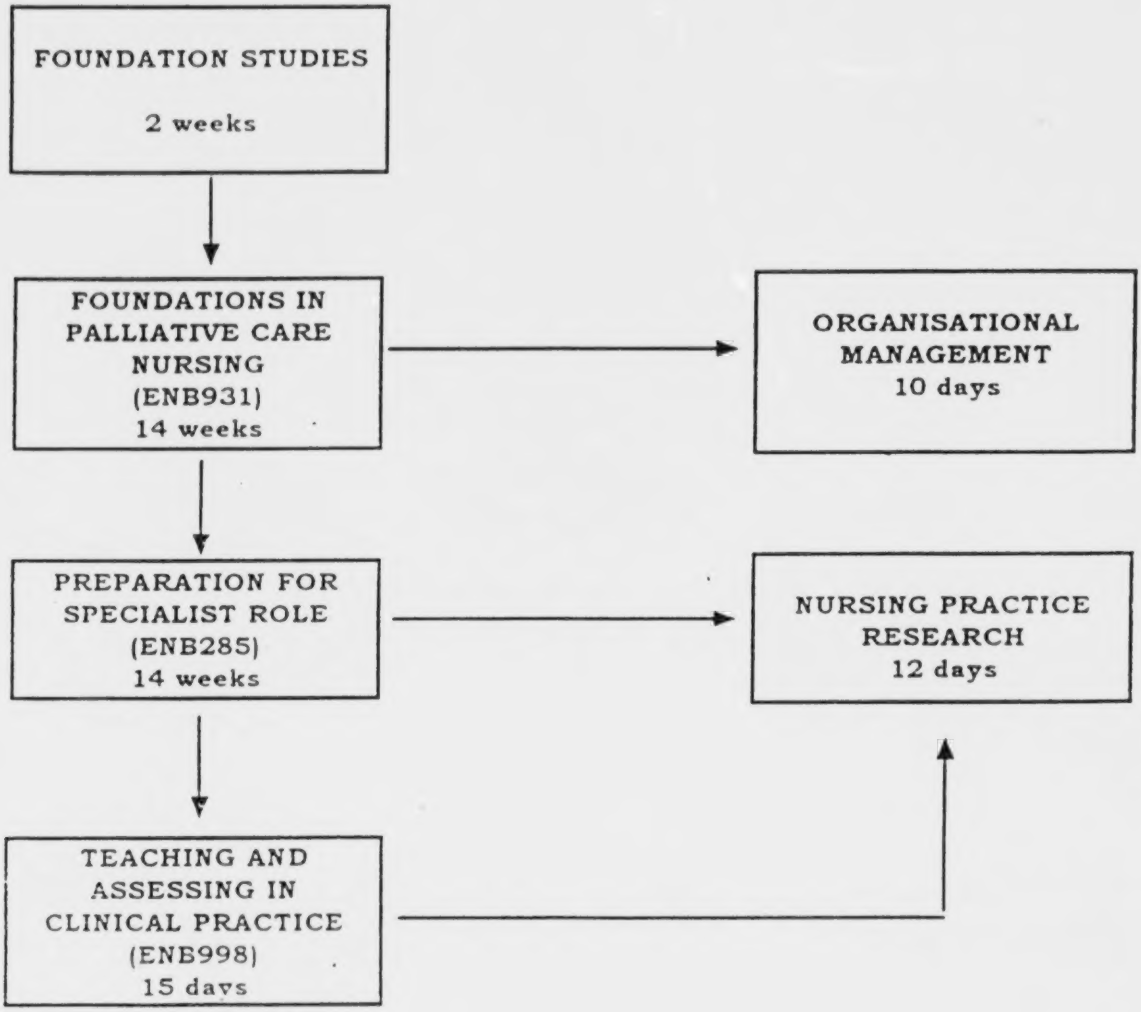
Assessment

Formative Students will maintain a learning diary, and will use the `open' section of this as a part of the basis for regular supervision with the course tutor. The diary will detail nursing incidents in the therapeutic process and explore the effectiveness of nursing interventions. As a result of reflection upon this the student will analyse constructively their experiences and recognise opportunity for professional development.

Summative A project to explore in depth one aspect of caring for a person whose life expectancy is short from the perspective of their own work.
Word Total 5000.

Assessment weighting: 100%

OVERVIEW OF PALLIATIVE CARE MODULAR COURSE


FOUNDATION STUDIES
2 weeks
FOUNDATIONS IN PALLIATIVE CARE NURSING
(ENB931)
14 weeks
ORGANISATIONAL MANAGEMENT
10 days
PREPARATION FOR SPECIALIST ROLE
(ENB285)
14 weeks
NURSING PRACTICE RESEARCH
12 days
TEACHING AND ASSESSING IN CLINICAL PRACTICE
(ENB998)
15 days

Planning and history of the module

The palliative care programme had been re-designed two years previously to meet the needs of individual nurses and the local trusts. A planning team had been established which consisted of both educationalists and senior practitioners. These practitioners had specialised knowledge of palliative care and also represented the interests of the trusts The clinical member of this planning team who had represented the interests of the hospice, had recently retired. However she had kept all the clinical staff within the hospice informed during the planning and development process.

Collection of Data

Data were collected from six individuals.

The education manager - member of the planning team for the palliative care programme, currently responsible for the management and delivery of the programme.

Learner 1 - a staff nurse, who had been in nursing for 8 years Currently he was working on a coronary care unit within a general hospital. However, previously he had worked on an acute medical ward and had nursed a number of patients who were suffering from cancer and cancer related symptoms. One of these symptoms had been pain and he had been aware that the control of patient's pain within a general hospital was not always well managed. In contrast, patient's pain was well managed and controlled in specialised units and hospices. He wanted to learn how to effectively manage and control patient's pain so that he could transfer this knowledge to any clinical area in which he may work.

Learner 2 - worked on an acute surgical area where she had been a staff nurse for the past six and a half years. Before that time she had undertaken bank nursing which meant she was able to work around the needs of her family. The ward on which she was currently working had patients who were suffering from cancer and who were undergoing surgical interventions for a variety of reasons. This learner travelled a considerable distance in order to attend module study sessions. She was an inexperienced driver and had hoped to undertake the module at the same time as a friend and therefore share the travelling, but this had not been possible, so at her own expense, she booked in to overnight accommodation prior to study days.

Learner 3 - had recently joined the hospice as a staff nurse. Previously she had been working in a cardio-thoracic surgery unit which was a considerable distance from her home. She wanted a job nearer to her home and this job had appealed to her because it involved dealing with individuals that were acutely ill. She was aware that nurses were not always very good at helping patients to die and wanted to develop her skills in this area. At interview she had been told that the successful applicant would be expected to undertake the module and this she was happy to do. This learner was currently studying for a degree, in her own time.

All three learners studying the module were being sponsored by their trust for the fees of the module and for travelling expenses incurred.

A clinical nurse manager - the senior nurse at the hospice who was responsible for the overall management of nursing staff and quality of the care provided.

A ward manager - managed one of the wards within the hospice.

Both the clinical nurse manager and the ward manager had contact with nurses who had either recently undertaken or were currently undertaking this module.

Questionnaire data

The dimensions of flexibility reported by the education manager in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..

Name of contact person..

Telephone number..

Title of module/course....FOUNDATIONS IN PALLIATIVE CARE........

Is this a module or course? Please indicate with a tick. Module ☑ Course ☐

If module, please indicate level.......II..

Total number of hours of learning for module/course.....443 (THEORY + PRACTICE)

CATS-rating..............8 LEVEL II..

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	✓
2. The institution offers this module/programme at more than one location	
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	✓
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	✓
3. Module/programme offered as one of a choice of a different group of modules on each occasion	
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	
3. Learners are able to negotiate to use a mode of study of their choice	
4. Mode of study specified by the teacher, institution or external agency	✓

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	
2. Some choice for example two or more entry points during the year	✓
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	✓
2. Specific qualifications required	
3. Range of qualifications and experience accepted	
4. Evidence of learning from appropriate experience accepted (eg APEL)	✓
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	
3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time	
4. Requirement to attend all module/programme learning activities at a specified time	✓
Finishing date of module/programme	
1. Fixed finishing date	✓
2. Negotiable finishing date	
3. Negotiable within a fixed time span	✓
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	✓
3. One payment in full at fixed point during the module/programme	
4. Payment by cheque or cash only	✓
5. Payment by credit card accepted	
6. Direct debit payment over several months	
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	✓
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	✓
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL	✓
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	✓
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	✓
3. Teacher/trainer + other people such as specialists or peers	
4. Teacher/trainer + other resources and people	
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	✓
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	
5. Access to tutorial support restricted to working hours	
6. Tutorial support available outside working hours	✓
Pace of progression through the module/course	
1. Pace determined by the tutor	
2. Pace negotiated between the tutor and the student	✓
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	✓
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	✓
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	
Assessment of practice	
1. Same criteria for each student	✓
2. Criteria based on individual student's learning needs	
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

CLINICAL PRACTICE COMPONENT

FLEXIBILITY IN CHOICE OF HOSPICE AND CHOICE OF DAY OR NIGHT EXPERIENCE AND CHOICE OF SHIFTS ON DAY DUTY.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data these were the important dimensions of flexibility that were explored in some detail:

- location of module
- starting dates
- entry requirement
- mode of attendance
- content of module
- range of mode of study
- resources for teaching and learning
- method of summative assessment
- assessment of practice

Access and Provision

Learners secured a place on the module in one of two ways.

Firstly, as part of their continuing professional development, individual nurses would negotiate with their clinical managers to undertake the module.

Secondly, trusts would negotiate for a certain number of places during the year and then within that trust, nurses were approached and nominated for places.

All nurses, nominated or otherwise, were interviewed by the college before a decision about offering a place was made. This interview was not for the purpose of assessing potential learners' academic suitability. It was to establish that this was a suitable time in the individual's life and career to undertake the module. The nature of the content of the module meant that learners inevitably explored their own feeling about cancer as a disease and the human responses to confronting death. Learners who had recently had a bereavement within the family or currently had a close relative suffering from cancer, could find it extremely difficult to cope with the module at such a time. Such issues were explored and discussed at interview. The educationalists had found this to be necessary as in the past, trusts had actively encouraged learners to study the module at inappropriate times in their lives. For example, at interview it had been discovered that one potential learner had recently suffered breast cancer and only partially come to terms with this, yet her clinical manager had suggested she undertook the module.

The interview prior to the start of the module had proved very useful for Learner 1.

> *"My manager contacted me and asked me if I wanted to do the diploma, initially. I was a bit sceptical about this because I had no background in it* (palliative care) *at all and I was wondering if this was for me or not. But she suggested that I should go along for the interview, which I did. I discussed it with* (the education manager) *who decided that it was not for me. I really should have the foundations which was quite agreeable. It was a bit too deep for me, it was going in the deep end."*

Information given to potential learners indicated that the module was offered three times a year, at fixed times. The written documents did not indicate any flexibility within these starting dates. However, negotiations between education staff and learners ensured that, for example, holidays did not result in part of the module being missed. If the learners had planned a holiday which would affect the module in this way they were offered a place on a subsequent module. The time at which a learner started the module was also dependent upon the trust. One learner had to wait for six months before undertaking the module because

"I couldn't be spared from the ward.".(Learner 2)

The module was offered on one site only and this meant that learners often had to travel some distance from their own place of work. As a result of this, one of the learners had decided to travel the day before study days and stay in overnight accommodation. She had had to arrange the accommodation and pay for it herself. The education staff were aware of the distances that some of the learners had to travel and took this into account when planning study sessions. Most sessions were completed by 16.00 hours to allow for journeys home.

There were 11 trust sites where the theoretical aspects of the module could potentially have been delivered. However attempting a multi-site delivery or rotational site delivery, could present difficulties as indicated by the education manager:

> *"We have got all our palliative care resources here", (on one site). Now there is no way that the college can duplicate these resources. Secondly, the team that contributes here, doctors, consultants and people like that, are available to do a session."* (1).

Attempts had been made to offer the module on the site of another trust, however this had not proved successful.

> *"We did try for trust X in the first year, they said they wanted 10 places. So I said do you want them spread through the year or together? No, we want the 10 places. Can you supply the 10 students? OK, that's fine, we'll have the 10 places. It's OK I said we will try it. That's fine. We'll set the module up. You pay for it. We'll run it. So we did. At the end of the day 4 people turned up"* (2) *So these realities have got to be worked through. So, yes I would say to you, 'Yes I will run a module at trust W site'. But hang on a minute they are only buying one place. So trust A and B which are alone geographically, are buying the remaining nine places. Why should they pay for their staff to go to site W because they have only got one? It's more logical for trust W to send the one here* (to site A) *and just pay travelling expenses for one than for trust A having to pay travelling expenses for five. An they'll say* (trust A) *you've got a hospice here with 30 beds, we're not sending our staff to trust W site."* (Education manager)

Offering the module on one site only, was in part due to the fact that palliative care resources, in terms of relevant library books/journals and personal with specialist knowledge, were concentrated on this site. To use another location would be costly in terms of hospice staff time and in reimbursement of travelling expenses. Historically, the module had been located at the hospice and there was a strong feeling of ownership. However the college had been prepared to consider rotating the module around the other trusts sites. The reason that this rotation had not occurred appeared to be due to the lack of communication and co-operation amongst the trusts. The college had anticipated that the host trust would have the majority of places on the module for their staff. Trusts however appeared to resent the potential costs that would be incurred when staff had to travel to another trust's site, other than the hospice.

Although there was some flexibility, in general, learners were expected to attend all study days and sessions. The learner who was studying for a degree felt that she was able to self-direct her learning and commented on this constraint within the module. However the other two learners appeared to have no problem with this. This may have reflected their insecurities as independent learners.

Summary

- Prior to starting the module, learners were interviewed by the college. This interview was used to protect the welfare of potential learners applying to undertake the module.

- Learners' needs for study time for continuing professional development had to be balanced against the needs of the trust in maintaining a health care service.

- The module was delivered at one location only. In part this was due to the fact that palliative care resources were concentrated on this site. Attempts had been made to offer the module on the site of another trust. However this had not proved successful, largely due to the lack of communication and co-operation amongst the trusts.

- There was some flexibility of attendance but in general learners were expected to attend all sessions.

Key issues in the management of flexible learning

- The module had been planned to meet the needs of both the trusts and the learners. Meeting the needs of both sets of stakeholders is a complex matter and difficult to achieve. One way of achieving it may be for planning teams to have a clear view of the power of the different stakeholders and whose needs take priority if there is a conflict of interest.

- The two ways in which learners were given places on the module (individual nurses negotiating with their clinical managers to undertake the module and trusts securing places and then approaching and nominating nurses to take up places) highlights some of the complexity of the management of access on post-registration courses.

- Ensuring that it is an appropriate both personally and professionally for learners to be undertaking the module is important (particularly in this case) but can be time consuming for both administration staff and teachers. There are implications here in terms of managing the resourcing of this process.

- The needs of the learners for study time have to be balanced against the needs of the trusts to maintain patient care services. Pressures to maintain the level of patient care service could reduce the numbers of learners undertaking the module. This has implications for resource management as the marginal costs (the cost of providing an extra unit of output) say of heating and lighting a classroom and the cost of a teacher's time are very small.

- Resourcing flexible programmes with sufficient specialist teachers has important management implications. It is relatively easy to be flexible in terms of when, where and how a module operates, if the specialist support is available to the learners. The availability of specialist teachers can seriously restrict flexibility.

- The choice of which site to use when a college serves several trusts is difficult. Resourcing the provision of specialist teachers and learning aids have to be balanced against the travelling costs of learners and the teachers. Managing this aspect of flexibility is complicated because the costs in this example are met by different sources.

- There may be many reasons why learners are expected to attend every session of a module. If it is that teachers are seeking to maintain 'learner dependency' and/or have difficulty with allowing and trusting learners to be self-directed then there is a staff development need if the purposes of flexibility are to be achieved.

- The process of enabling learners to become more independent and self-directed is an important aspect of the management of flexible learning.

Areas of good practice in the management of flexible learning

- Access to some the modules in this case was responsibly and sensitively managed. It ensured that the course of study was appropriate and ensured that learners are able to cope with the subject matter of the module. Arguably, this principle should underpin access to all modules not just in this relatively special case.

- Learners were able to undertake the module at a time which suited them and could, for example, avoid clashes with holidays.

Teaching and Learning

The college had produced a document detailing the strategy for Accreditation of Prior Learning and Accreditation of Prior Experiential Learning (AP(E)L). Although this (AP(E)L) strategy was fully operational at the time of the case study, none of the learners interviewed had considered it. No specific reasons for this were elicited however it was clear that, for them, it was not an attractive option. There could be a number of reasons for this, a lack of confidence in their own professional knowledge and experience (experience not worthy of credit), a lack of understanding of the procedures (lack of communication), or a desire to benefit from the programme in ways different from the straight forward acquisition of knowledge. There are often complex reasons for study education programmes.

From written documentation on the module, the content appeared to be planned with no mention of possible negotiation. However as the education manager indicated it was possible for individual learners to negotiate some aspects of the module. Negotiated content however did have implications for the needs of the learners as a group:

> *"It depends on what it (negotiated content) is. It may be that it is an issue that is of concern, in many respects really, to that learner. In that sort of situation I would try to find out where the difficulty was coming from and then I would direct them to material that might help them to learn more. Because, it is applicable to them but I would judge it to be less applicable to the other 10 to 15 people on the module and therefore less work on it. We could work on that issue together. We don't need to address it as part of the whole of the group and again there is the time constraints and it is making the best use of the time for most of the people that are there (studying the module)here is the opportunity to say that I am quite prepared to look at this information but opportunities to do so today are rather small, are you prepared to do this at 4 pm? Or if you want to come in on a day off then make and appointment to see me and we will spend a bit more time on it"* (Education manager).

This theme of consideration of the needs of the group was echoed by Learner 2.

> *"This morning* (the education manager) *started off by talking about something which I am really interested in. What (the education manager) did was absolutely brilliant and I wanted to follow on and asked to carry on with this certain aspect. Our course is eight days shorter compared to the last one. So some sessions have been cut. I have mentioned it to (the education manager) and I think he will try. I am concerned as I don't want him to do it for me if the rest of the group doesn't want to do it."*

If an individual was interested in a particular topic area and wished to study this themselves the educators were willing to help in any way they could. There was a great deal of pressure on the educators' time however and pragmatic decisions sometimes had to be made. Group negotiated sessions were easier to manage in terms of time commitment. A group learning contract to establish the areas of shared interest may have been useful here, with the addition of individual learning contracts to meet individual needs.

The hospice at which the module was based had a small library with the emphasis on palliative care. There were libraries on each trust site. Management strategies ensured that facilities were duplicated on each library site.

> *"When you join the library of the college you are entitled to use the facilities at each of those campus sites. The facilities on each of the campus sites are duplicated so what I give them in site A is equally applicable in site B or site C. They are all open in the evenings. Either one two or three evenings a week and that depends on the amount of use the library gets. They are manned. Some libraries in the college form part of post-graduate medical centres. They are open in the evenings and librarians are on in the evening."* (Education manager)

There was no time built into the module programme for library use but the education staff opened the library within the hospice when they arrived in the morning. It remained open all day and was closed at 7 pm. Being able to access the library before sessions started and during the lunch hour was helpful to the learners. Access to specialist resources such as that provided by the hospice library would be essential to the learners on this module. Whilst general resources would be available in libraries on other sites specialist material would be limited.

Whilst the educationalist had indicated on the questionnaire that the pace of progression through the module was negotiated between the teacher and learner, learners' perceptions were different. They felt they had deadlines to meet and the pace was set by the teacher and the college.

Summary

- Although the learners were able to apply for AP(E)L credits for this module, none of the learners interviewed had done so.

- Whilst documentation relating to the module indicated that the content was fixed, it was possible for learners to negotiate sessions which were relevant and appropriate to them as a group.

- The hospice library opened from early morning until 7.00pm. In addition to this library facility learners had access to the library on the site of their own trust, although here information on this specialist area of care might well have been limited.

- The education manager had indicated on the questionnaire that the pace of progression through the module was negotiated between the teacher and learner. The learners however felt that they had deadlines to meet and that the pace was set by the teacher and the college.

Key issues in the management of flexible learning

- Offering AP(E)L as an option to learners may be only the first step enabling learners to take advantage of AP(E)L. It will be a new concept to many learners and they may have to be educated into the principles, process and benefit of AP(E)L. There are important management issues here about the management of learner choice and support for the negotiation process.

- Negotiated content has implications for both the working patterns of educationalists and the use of their time.

- Resourcing truly individual modes of study is difficult and a response could easily be offering a minimal individual provision for everyone so that although the provision is individualised it is not necessarily good. Achieving individualised provision in group settings can be challenging for the teacher.

- Flexibility and the opportunities for flexibility, are often perceived differently by teachers and learners. This had implications for the management of flexible learning programme and achieving effective communication about the nature of flexibility and its benefits is difficult.

Areas of good practice in the management of flexible learning

- There was access to the library facilities and other resources for learning were available on a number of sites.

Assessment of theory

The module was assessed both formatively and summatively. The formative assessment took the form of a learning diary. Learners were to use the 'open' section of this diary as part of the basis for the regular supervision sessions with the module teacher. As this learning diary took the form of a reflective document, learners were advised that they may wish to have a section of it which was for their personal use only and therefore not 'open' to others. It was intended that the diary should contain details of nursing incidents in the therapeutic process and should help the nurse to explore the effectiveness of nursing interventions. Following reflection upon these writings, the learner would analyse their experiences constructively and recognise opportunities for professional development.

The summative assessment took place at the end of the module. It was a negotiated study and took the format of an essay with a 5000 word limit. There was no opportunity for negotiation on the nature of the assessment. Both the ENB and accrediting organisation were seen as constraints to flexibility in this areas. The assessment topic, however, was negotiated between teacher and learner and this enabled the learner to follow a particular interest within the module and meet their own learning needs and expectations. The essay was to be an in-depth focus upon clinical/professional issues relevant to palliative care.

Detailed written information was provided for the learner on both the formative and summative assessments and suggested guide-lines on both the approach to be taken and the presentation, were included. In addition to this, learners were given the marking criteria.

This summative essay provided an opportunity for learners to explore their own particular area of interest within the subject matter. The first learner interviewed had chosen this module because of a personal interest in patient pain control, in the acute care setting. This essay provided him with the opportunity to follow this interest and to increase his research-based knowledge of the topic.

> *"We have been given an open book and we can go down whatever avenue that we want . I have got all my books together and I have had a brief look through them but I haven't decided what I will be doing yet except that the topic will be pain control."*

Learner 3 had recently taken up her post in the hospice and demonstrated an enquiring approach to hospice care.

> *"I am going to do the Evaluation of Hospice Care. I mean look at the future of hospices. I certainly came with pre-conceived ideas which a lot of them have been shattered, because I was quite naive. It was so different to what I expected."*

These learners were four weeks into the module and whilst they had decided on their topic areas, a more detailed plan of the work had not as yet been considered. The learners were required to present a brief outline of the essay which was discussed with the module teacher and/or education manager for guidance.

Summary

- Learners were assessed both formatively and summatively.

- The formative assessment took the form of a reflective learning diary which was used as the basis for discussion on the learner's progress.

- The summative assessment was a 5,000 word essay. The topic for the essay was chosen by the learners and allowed them the opportunity to explore areas of interest to them and to meet their own learning needs.

Key issues in the management of flexible learning

- The requirements of validating organisations can potentially constrain flexibility. However, as the ENB do not in fact place constraints upon the nature of the assessment as indicated here, there may be a misunderstanding here about the Board's requirements. This example points up the importance of good communication about the formal requirements of validating bodies and may also indicate a need for staff development programmes in this area.

Areas of good practice in the management of flexible learning.

- Learners were able to negotiate the topic for the essay and so meet their own learning needs.

Assessment of practice

Learners spent 10 days in a hospice of their choice and were able to study particular areas of palliative care which were of interest to them. However, there were practical considerations that could affect a learner's choice as the first learner interviewed discovered:

> *"We had to choose a hospice that we would like to go to. The teachers had to contact them to see if they would accept us or not because there are only a limited number of places in the hospices. They are taking on board the role of their teaching for their own students. Unfortunately, the first place I wanted to go to was full so I have been allocated to another place which is not too far away from home. Otherwise, it would have been here and that would have been quite a long trip everyday for two weeks. And the place that I am going to treat you as supernumerary. I don't like being included in the numbers as a student anyway. Whatever happens during the day and if there is anything that takes our fancy or interests, we can ask if we can go within the hospice or out in the community with a*

> *Macmillan nurse we will be allowed to go out. It is up to us to decide which way we would like to go, as long as it is in discussion with the person in charge. I would like to look at how the control of pain is running and I want to know how they have done it, up to that certain point. Someone has to start somewhere, and you have to know if they have gone backwards in their thinking or forwards in their thinking with control. Then I need to discuss it with the nurses and the doctors to see if they come up with some ideas. I mean hopefully they will have."*

Certain criteria were applied to the experience offered to learners. During the hospice placements learners were expected to join the home care team, spend time with the social worker and, where there was a pain clinic, spend time there so they might appreciate the management of pain in client care. However it was still possible to meet the individual needs of the learner, as the education manager explained:

> *"For example, for someone who is coming in say, a community nurse who has a high degree of palliative care (that person) is going to spend more time with the hospice's own team and looking at what they are doing. Some students may come to me and say, that they are involved with children and they feel out of their depth and what is the possibility of going to a children's hospice. There would be no problem we would just work it in along with any other particular requests in relation to the module."*

The assessment process was based on seven domains which were seen to form the basis of nursing practice. Learners' clinical competence in these domains was assessed by the clinical mentors. The learners were encouraged to self-assess and there was a section for comment by both mentor and learner on the assessment form, under each domain.

Preparation of clinical mentors was important and a programme had been implemented by the education staff for those individuals who would act as mentors in the clinical area Allowing the learners to follow an individualised programme was not however without its problems as the education manager indicated:

> *"Sometime it creates problems with the staff in the hospices, for instance, a learner may be allocated to a member of staff for the ten days experience but they are going to be out and about, here, there and everywhere and due to staff off-duty, the learner may end up with three mentors each making their own contribution. It sounds chaotic but it works."*

Such a situation relies upon a good working relationship between education staff and clinical mentors, co-operation between mentors, and a genuine desire amongst mentors to provide learners with programmes which do meet their needs. There were no written statements which covered the parameters of flexibility within the practical assessment process. However careful preparation of clinical mentors appeared to allow for a shared understanding of the flexibility available.

Summary

- Learners were able to undertake the clinical placements in a hospice of their choice. During the placement they could choose to study any aspects of care that they wished.

- A study programme had been devised to prepare practitioners for the role of clinical mentors. This preparation had been important in ensuring that the mentors understood the parameters of flexibility within the practical assessment process.

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Key issues in the management of flexible learning

- Allowing learners freedom of choice of clinical placement has implications for the management of the clinical experience. Allowing learners to choose the location has to be balanced against ensuring a good educational experience.

Areas of good practice in the management of flexible learning

- Careful preparation of mentors ensured that the parameters of flexibility within the clinical area were fully understood and therefore accessible to the learner.

Evaluation

There was a formal process of evaluation of the module in line with the college evaluation strategy. Learners were asked to complete an evaluation form at the end of the module. In addition to this method, evaluation was an on-going process during the module as the education manger indicated.

> *"We have our first evaluation session at the end of the first theory block. Which is usually about six weeks into the module. And that is a very important evaluation. Then we have the two weeks clinical practice we evaluate that very very thoroughly on the first morning back. We spend a whole morning."*

The learners were given a form to complete as part of the process for the evaluation of the clinical placement. The nature of the questions on this form meant that the learners were evaluating the clinical placement as a learning experience. This approach therefore also provided an opportunity for learners to evaluate whether they themselves had made the best use of the learning experiences offered.

There was also the informal evaluation which took place on a day-to-day basis as the education manager outlined:

> *"I get the feedback from the people themselves because I see quite a number of these people out and about. So I have gone down to one of the health centres and bump into a couple of community nurses doing the module inevitably we have a cup of tea. Then you get onto evaluating and people actually talk about changing as a result of doing the module. Either at a personal level or at a professional level and that to me, if change occurs, suggests that learning has taken place."*

Feedback from the trusts occurred via the staff development manager to the college manager responsible for the contracts procedure (3). Formal evaluation of such programmes often occurred between senior managers within a trust and the college. It is however unlikely that such senior managers would have personal contact with those individuals who were studying the programme. Unless trust managers therefore actively sought information from the clinical and ward managers whose staff were undertaking the module, the evaluation may be unbalanced. The clinical manager who was interviewed as part of the case study, had not been formally approached by the college to evaluate the module. The education manager considered that there was a very good working relationship between education staff and clinical managers and any problems with the module that emerged could be sorted out. The hospice in which the module was delivered had made the module a requirement for all members of nursing staff. The college used the keenness of other trusts within the area to purchase places on this module, as an important source of evaluation data and as an indicator of the module's success in meeting the needs of the trusts.

Summary

- The module was formally evaluated in line with the college evaluation strategy. This involved learners completing an evaluation form at the end of the module. Feedback from the trusts occurred via the staff development manager to the college manager responsible for the contracts procedure.

- The module was also evaluated informally by the learners on a 'day to day' basis. The education manager considered that there was a good relationship between the college and the clinical managers within the trusts. Any problems which arose could be dealt with by the education manager and the respective clinical manager.

- The college used the interest of other trusts to purchase the module as an important source of evaluation data.

Key issues in the management of flexible learning

- There was no evaluation of the aspects of the programme which were directly influenced by the flexibility of the module.

Areas of good practice in the management of flexible learning

Both formal evaluation procedures and informal evaluations were used. Frequent and regular formative evaluations were made which enabled the module to be adapted 'on line' rather waiting to evaluate the module at the end when the learners' educational opportunity had passed.

Impact of flexible modes of learning on educational experience and achievements

The flexibility in the choice of the topic for the summative assessment appeared to have impacted on the learning experience for everyone of the learners interviewed. The assessment allowed the learners to follow an topic area of personal interest to them and one which was relevant to their current clinical work. There was obvious enthusiasm for the opportunity to pursue an area of particular interest and the educational experience was clearly enriched as a result of this opportunity.

Learners anticipated that the increased knowledge gained from this assessment would lead to changes in their own practices in the clinical area. This comment by learner 2 was representative of comments received from all three learners. Learner 2 had chosen to study the issue of patients rights:

> *"I am hoping it will have (an impact on practice) because I feel very strongly about the patient having a right we saw a video this morning which I wasn't very happy about which was concerned with patient confidentiality. If the patient wants to know that is fine, then it is up to the doctor to tell the patient."*

This area of patients' rights was complex and in this instance the co-operation of other members of the health care team would be necessary if any changes were to take place.

Evidence of the flexible nature of this assessment impacting on achievements in practice was provided by both the clinical manger and ward manager:

> *"One girl did one (summative assignment) about syringe drivers and created quite a nice booklet to show new staff how to use syringe drivers, and it was very good I think that that is very important that*

> it *(flexible approach to topic area for summative essay) is kept. Because I know that people sometimes go on courses and they come back and say 'I haven't got out of it what I wanted to get out of the programme."* (Clinical manager)

The ward manager had studied the module herself and explained how she had been able to pursue her own interest, that of 'the Named Nurse' She had then used this work to bring about changes in practice:

> *"It actually came about because the Patients Charter was just coming in. The Named Nurse had all her patients in one room or, two rooms as the case may be. It worked alright in the morning. How it worked was that same nurses were looking after the same patients everyday and because somebody was doing rooms 7,8,9 say , and then when she was on a late shift she would have to learn about the patients in rooms 9,10 and 11. That would be because she had never really looked after them even though she had had a report on them. It occurred to me that we could do it better. There wasn't a lot of information about the Named Nurse at the time, but what I felt was that the nurse who saw the patient first should be that patient's Named Nurse. (In this way nurses would be allocated both male and female patients). So, my suggestion was to try and mix the patients and see how it works and it has worked very well we tried it on the other side (of the unit) as well"*

These written pieces of work, produced by learners, were circulated to all members of the hospice staff. In this way information was disseminated and the individual who had undertaken the study, identified as a resource person.

Flexibility in both the subject matter for the theoretical assessment, and the negotiated practical experience, appeared to have had a positive impact on the learners educational achievements as well as enriching the experience.

Summary

- Learners anticipated that the increased knowledge gained from the summative assessment would lead to changes in their own practices in the clinical area.

- Both the clinical and ward manager were able to provide examples of how the ability to choose a topic area for the summative assessment, had had an impact upon the achievement of the learner in bringing about changes in clinical practices.

- Flexibility in both the subject matter for the theoretical assessment, and the negotiated practical experience, appeared to have had a positive impact on the learners educational achievements as well as enriching the experience.

Key issues in the management of flexible learning

- Flexibility in the choice of assessment topic, can motivate learners to take on 'ambitious' topics. Although this is to be valued, it has to be managed effectively.

Areas of good practice in the management of flexible learning

- Flexibility in the choice of assessment topic enhanced not only the learner's practice but also the practice of the learner's colleagues.

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Notes

(1) This issue is often a problem for colleges of nursing particularly in respect of specialist care programmes. Arguably, effective use of resources leads to centralisation of such programmes.

(2) Hospitals within the region had acquired trust status within the past two years. In a number of the trusts, non-nurse managers were managing nurses. Also non-nurse managers were often the ones who negotiated the education contracts with the college of health studies Ten places were offered on the module at one time. However if more than one nurse was nominated from a ward, difficulties might be experienced in the delivery of client care. The number of nurses on a ward is of course not the only consideration, skill mix is also an important factor in the delivery of quality client care.

(3) The contracting arrangements between trusts as purchasers of education and colleges of health studies as providers of education has resulted, in many instances, in one individual within the college being responsible for this area of the college's work.

References

ENB (1993) Framework for Professional Nursing Practice. English National Board, London.

UKCC (1992) Post-Registration Education and Practice. United Kingdom Central Council.

Case Study 3

Introduction and background

This case study was undertaken in February 1995 in a college of nursing. At the time of the case study, incorporation of the college into higher education was imminent. Whilst there was a strong desire to increase flexibility within the programme studied here, in common with other colleges of nursing at such a time as this, the decision had been taken to minimise changes until incorporation had occurred.

The focus of the case study was a part-time certificate level programme for enrolled nurses leading to registration as a sick children's nurse. The programme, which was not CATS-rated was delivered over a three year period with three terms per year. There were nine modules in total, however, learners were able to apply for recognition of prior learning in order to gain a reduction in the content and/or length of the programme. Information concerning the college AP(E)L scheme was available to learners and an explanation of the scheme and the process for securing accreditation for prior learning clearly stated. In providing a part-time programme, both college and trusts hoped to increase the educational opportunities available to enrolled nurses. The way the programme was arranged enabled participants to study whilst continuing to work in their current post.

Details of the programme

Details of the programme taken from documents published by the college are given below.

Theme: The Developing Nurse

7. **Module Title** **Developing as a Professional**
(Aims 2,10,11)

Introduction and Rationale

This course aims to change the professional focus of the Enrolled Nurse to that of an RSCN. In order for the course members to achieve this change in role and function effectively as an RSCN, they must be given the opportunity to expand their knowledge of, and explore professional issues within the changing context of nursing practice. The philosophy of the School of Nursing encourages course members to be responsible for their own learning/professional development with support from school staff. This module seeks to enable the course member to develop existing skills as an adult learner so that during and after the course he/she can actively keep abreast of changes affecting paediatric nursing practice. Two particular skills have been isolated since they are seen to be essential to the course member during and after role transition. These are reflective practice and writing skills. The content of this module, along with that of other modules under the Developing Nurse theme, will be drawn upon and further developed throughout the course.

Module Aims

This module aims to provide the course member with two varieties of learning experiences; they should however be seen as being linked.

Aim 1: To develop the course member's understanding of and ability to be an adult learner.

Aim 2: To extend the course member's current knowledge in relation to professional issues which impact upon his/her role in the practice area and the overall context of health care.

8. Module Title Interpersonal Skills.

(Aims - this module applies to all aims)

Introduction and Rationale

This module addresses the development of interpersonal skills and seeks to enable the course members to evaluate and build upon their current levels of interactive competence. This quality of interactive competence is seen as fundamental to the practice of nursing children and their families since it provides individuals with self confidence, thus facilitating the establishment and development of positive working relationships within the arena of health care. Additionally, the development of self knowledge enhances the individual's ability to understand the needs of others and raises their awareness as to the effects that their communications can have upon these other individuals. Self awareness, assertiveness and the ability to manage stress are just some of the facets which comprise interactive competence. Opportunities for personal growth have been grouped under the umbrella of the developing professional. The counselling role has been specifically isolated as it is one of the groups of skills which is dependent on interactive competence and is particularly valuable to the Children's Nurse.

Although discrete, this module is very closely linked to the others subsumed under the theme The Developing Nurse. It is expected that the course member will further develop his/ her interpersonal skills during all of The Developing Nurse's modules and as a result of raised awareness on practical placements.

Module Aims

This module intends to:-

1. Increase the course members' understandings of the factors that develop and maintain effective relationships with children, families and health care professionals.
2. Facilitate a development in the course members' knowledge and skills in relation to being a counsellor.
3. Offer course members effective role models for communication and interpersonal skills throughout the course.

9. Module Title Teaching and Assessing in Clinical Practice ENB Course 998 (Aims 1,2,13 & 14)

Introduction and Rationale

This module focuses upon one specific role of the nurse, that of teacher. This role is fundamental to the Paediatric Nurse in that s/he seeks to empower children and families through education and to support colleagues and students through the ongoing promotion of learning. Once registered, the course member will be expected to teach and assess students and as such it is seen as important to include the relevant theoretical knowledge within this course to enable him/her to take up the role on returning to their place of work. Supervised practice in teaching and assessing will follow the relevant theory and course members will receive the Certificate of Attendance for Course 998 on completion of the module.

The following content will be taught on 10 specific study days during the last two terms of the course. In addition, there is considerable emphasis on the course member's teaching role throughout the course. Additional teaching during the course that is relevant to the 998 Course is identified below.

CONTENT	MODULE
Research	Research Awareness
Developments in Nursing Theory	Nursing Theory
Counselling Skills	Interpersonal Skills
Ethical/professional issues	Health Care Ethics and Law
Informatics and computors	Developing Professional Paediatric Nursing.
Leadership, management	Managing Care

Module Aim

The course member will be enabled to develop the knowledge and skills which will enhance his/ her abilities to facilitate learning for children, families, students and colleagues in the clinical area.

10. **Module Title** **Managing Care**
(Aims 2,9,12)

Introduction and Rationale

Fundamental to the role of the Registered Paediatric Nurse is the ability to organise and manage one's own work and that of others in meeting the needs of children and their carers. This includes having the necessary knowledge and skills to organise appropriate support services within both hospital and community settings. Co-ordinating the work of members of the health care team is an essential part of the nurse's role. Being a member of a ward team requires a sound knowledge of group dynamics. Making decisions of any type needs an understanding of the processes involved and the importance of the nurse's advocacy role. For this reason, it is seen as imperative that course members are given the opportunity, towards the end of the course, to develop their existing management skills and knowledge within the relative security of the "student role". Theoretical aspects of management will be studied in the classroom and time allocated within clinical experience for skills to be transfered to practice. The content of this module will draw upon subject matter from other previous modules, especially those under the Developing Nurse theme.

Module Aim

The module aims to provide the course member with learning experiences which will expose him/her to the theories and current practices relating to the management of care. The course member will be given the opportunity to critically analyse both of these in the group setting and in the practice area.

11. **Module Title** Health Care Ethics and Law

(Aims 2, 10, 11)

Introduction and Rationale

An understanding of health care ethics and law is essential for the promotion of good nursing practice. In preparation for taking on the role of registered nurses, the course members will be required to raise their awareness of ethical /legal theories and principles by discussion, critical analysis and reflection in order to be able to justify their nursing practice. Ethical discussions at ward level should increase the moral agency/advocacy of the course members and support for this will be encouraged. Ethical issues will be raised in many of the other modules and it is envisaged that the knowledge and understanding gained here will enable the course members to engage in valuable discussion and debate.

Module Aim

To enable the course members to increase their awareness and knowledge of both current and potential ethico-legal problems/dilemmas that may arise in the course of paediatric nursing practice and to increase their skills in the ethical decision making process.

12. **Module Title** **Research Awareness**
(Aims 1, 2, 10)

Introduction and Rationale

Nursing research can be defined as the systematic, objective process of analyzing phenomena of importance to nursing. The knowledge generated by such research activity aims to improve care for patients, clients and families and to develop the environments in which nurses work and learn. This module intends to be a foundation which will allow course members to develop their knowledge as it relates to the nature of nursing research and their skills in critically appraising published material and current research activities. It intends, therefore, to be a base upon which the course members, once they have obtained their first level qualification, will be able build as they become progressively more involved in developing the practice of nursing.

Module Aim

To enable the course members to build upon their existing knowledge so that they become research minded and equipped to recognize the potential for research within the paediatric arena.

Theme: The Developing Child

13. **Module Title** **Developmental Psychology**
Aims 1, 5, 6, 7, 14)

Introduction and Rationale

A knowledge and understanding of child development, and the issues pertaining to it, is essential for the paediatric nurse. In order to care appropriately for a child the nurse needs to know what to expect of that child and be able to apply developmental psychology in meeting his/her needs. A knowledge of developmental progress enables nurses to communicate effectively with children of all ages. A module such as this is therefore fundamental in a course for paediatric nurses. The course member's role as client advocate will be emphasised throughout the module. The child's carers are seen as being the key to meeting the child's developmental needs and so the course members will be encouraged to work in partnership with them.

The module also explores how attachments are made and develop. Loss and disruption of those attachments gives rise to altered behaviours in both children and their carers. It is essential that professionals can recognise, support as well as counsel, those in this situation so that they may make appropriate recovery. Most children in Britain die in hospital or spend a period of their terminal illness in hospital. However, there is a move towards allowing children to die peacefully in their own homes. It is therefore important that paediatric nurses are adequately prepared for such work in hospital and in the community.

Module Aim

Course members will be enabled to develop and enrich their knowledge base in relation to child development, and helped to apply this knowledge in assessing the play and developmental needs of children.
The module also aims to develop the course member's existing knowledge and skills in order to care appropriately for children and carers experiencing loss.

14. **Module Title** Sociology and Social Policy

(Aims 1, 2, 5, 6, 9)

Introduction and Rationale

This module will examine social aspects of health, illness and health care provision. It will demonstrate how social factors influence patterns of health and illness and the ways in which illness is perceived and treated by both health care personnel and clients. The module will give course members the confidence in drawing on their stock of knowledge and sociological perspectives and in applying them to their paediatric nursing practice in a variety of settings.

Module Aim

The course member will build on existing knowledge and experience to explore competing theoretical perspectives in the social sciences and their application to health and health care provision.

15. **Module Title** Health Promotion and Education.

(Aims 1,4,10)

Introduction and Rationale

Paediatric nurses are in a unique position to bring about change and in particular to influence the health of children. This module is therefore vital in order to develop course member's knowledge and experience in the theory and practice of health promotion and education, as well as the ability to apply it a variety of institutional and non-institutional settings. Course members need to be equipped to function within the changing arena of a multicultural society and promote health initiatives which are responsive to the needs of their clients. The philosophies underpinning health care will be examined enabling the course members to critically appraise the organisation of health services in developed and developing countries and to appreciate the importance of primary health care. The module will draw on relevant sociological and psychological theories and will have links with nursing and the biological sciences.

Module Aim

The aim of this module is that course members will build on existing knowledge and skills to enable them to implement health education/promotion initiatives in both hospital and community settings. They will develop the ability to choose appropriate models materials and language to undertake this education with a variety of client groups, and be able to evaluate the effectiveness of the approaches used.

16. **Module Title** **Growth and Maturation of Body Systems.**
(Aims 1, 3, 4, 5, 6)

Introduction and Rationale

During infancy and childhood the body's systems develop and mature to adult capacity. It is important for paediatric nurses to understand this growth process in order for them to care for children safely and effectively. It is not enough simply to apply their existing knowledge so this module is an important step in developing the competencies required for the paediatric nurse. The knowledge gained in this module will be the basis for understanding the pathophysiology of paediatric conditions in Foundations of Paediatric Nursing Practice.

Module Aim

To enable the course members to develop a sound knowledge and understanding of the maturation of a child's body systems in order that they might apply this to all aspects of a child's care.

Theme: Paediatric Nursing

17. **Module Title** Nursing Theories
(Aims 1, 2, 3, 5, 6, 7, 8)

Introduction and Rationale

This module complements the Foundations of Paediatric Nursing Practice module in that it provides a basis on which to examine the theories and philosophies underpinning nursing and caring. In changing the professional focus of the Enrolled Nurse, it is vital that the theoretical basis of nursing is explored in some detail. Course members will need to examine their own beliefs about the nature of nursing, with particular reference to paediatrics.

Module Aim

To enable the course members to build on existing knowledge in developing a deeper understanding of the theoretical basis of nursing. It is hoped that they will be able to apply this knowledge to practice and become more critical of nursing care.

18. **Module Title** **Children with Special needs.**
(Aims 1, 2, 5, 6, 7, 8)

Introduction and Rationale

The term "special needs" encompasses a wide range of both permanent and transitory special needs including physical, developmental, cognitive, emotional and social difficulties/problems. The paediatric nurse is likely to meet children with any of the aforementioned special needs in a variety of settings. These children have needs over and above those of other children. Course members will therefore require knowledge and understanding of the various categories of "special needs" in order to adapt care accordingly. This module intends to draw on the course members' existing knowledge and experience by discussing principles and attitudes. It is acknowledged that it is impossible to include all the specialist knowledge that may be required so course members will be encouraged to pursue particular areas of interest.

Module Aim

To enhance the course members' awareness and understanding of the range of special needs and to equip them to be appropriately sensitive in caring for children and their families.

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19. **Module Title** **Foundations of Paediatric Nursing Practice**
(Aims1,3,5,6,7,8,12)

Introduction and Rationale

This module is the essence of the course in that it examines the practical care of children, sick or well, in hospital and in the community. Caring for children requires a sound theoretical knowledge of the social, pyschological, emotional and physical factors involved in growth and maturation and therefore this module will draw on the content of all the other modules. The module content has been identified under the Activities of Living which form the assessment basis of the Partnership Model (Casey 1988),

The philosophy of family centered care is central throughout and the vital expert role of carers will be acknowledged at all times. The taught component of the module will be flexible to meet the needs of the course members, helping them to adapt existing skills and develop new ones. Integration of theory and practice will be encouraged with clinical/community experiences forming the basis for classroom discussion. The module content will be presented over 4 terms in part two of the course, and will focus on the care of children with acute and chronic problems simultaneously, gradually focusing on the delivery of more complex technical/nursing skills rand extending the course member's knowledge.

Module Aim

The aim of this module is that course members will build on existing skills and knowledge, adapt existing skills and develop new ones in order that they might provide nursing care to children of all ages with a variety of problems.

Planning and history of the programme

Full-time conversion programmes for enrolled nurses had been offered by the college for some time. It had become apparent, however, to both the college and the local trusts that some nurses were unable to follow a full time programme due to family commitments. A planning team had been established, which consisted of educationalists as well as practitioners and senior clinical managers representing the trusts, to design a flexible part-time programme.

Collection of data

Data were collected from eight individuals.

The education manager - concerned with the planning and administration of the education programme being studied as well as quality issues relating to the programme.

Teacher - co-ordinated and taught on the module which the learners were undertaking at the time of the case study.

Learner 1 - had come to Britain in the 1970s to start her nurse education programme which lead to registration as an enrolled nurse. She had specialised in paediatric nursing shortly after qualifying but until now had not been able to consider undertaking specialist education as a result of child-care commitments. This learner had been part of the programme planning team.

Learner 2 - had previously worked in a trust in another part of the country. She had moved to the region and started working for the trust over two years ago, specialising in nursing.in the operating theatre.

Learners 3 - had been working within a nearby trust for almost ten years. She had first worked for the hospital trust as an agency nurse but for the past three years she had been a member of staff and was now based in the intensive care unit.

Clinical manager 1 - responsible for the management of the paediatric neonatal and intensive care unit. This responsibility included financial as well as staff management.

Clinical manager 2 - manager with responsibility for the anaesthetic and theatre unit.

Clinical ward manager - responsible for the management of a 15 beded ward and an out-patients department for private patients. She was responsible for the management of the staff and resources for patient care as well as for monitoring the quality of care provided.

Questionnaire data

The dimensions of flexibility reported by the education manager in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..

Name of contact person..

Telephone number...

Title of module/course.....PART TIME CONVERSION COURSE EN-RSCN

Is this a module or course? Please indicate with a tick. Module ☐ Course ☑

If module, please indicate level..

Total number of hours of learning for module/course.......THEORY 900 PRACTICE 1350 } 2250 HRS

CATS-rating..........PART 8 CERTIFICATE COURSE..

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	✓
2. The institution offers this module/programme at more than one location	
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	✓
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	✓
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	
3. Module/programme offered as one of a choice of a different group of modules on each occasion	✓
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	✓
3. Learners are able to negotiate to use a mode of study of their choice	
4. Mode of study specified by the teacher, institution or external agency	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

CHOICE THROUGH APEL SCHEME
TIMETABLE IS ONE DAY A WEEK + 3 TERMS P.A, BUT CHOICE
WITH STUDY/READING DAYS WITH NEGOTIATION WITH COURSE
MEMBERS START - FINISH TIME OF DAY NEGOTIATED

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	✓
2. Some choice for example two or more entry points during the year	
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	✓
2. Specific qualifications required	
3. Range of qualifications and experience accepted	
4. Evidence of learning from appropriate experience accepted (eg APEL)	✓
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/ programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	✓
3. Requirement to attend an educational establishment for some module/ programme learning activities at a specified time	
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	
2. Negotiable finishing date	
3. Negotiable within a fixed time span	✓
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	
3. One payment in full at fixed point during the module/programme	✓
4. Payment by cheque or cash only	✓
5. Payment by credit card accepted	
6. Direct debit payment over several months	
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

STARTS EACH SEPTEMBER BUT WITH APEL CLAIM COURSE
CAN BE LESS. THAN 3 YEAR DESIGN
ENTRY ENB REQUIREMENTS
ATTENDANCE 80% OF COURSE
PAYMENT ANNUAL
TIME OUT FROM COURSE FEASIBLE AND RE JOIN AT
LATER DATE

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	✓
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL	✓
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	✓
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	✓
3. Teacher/trainer + other people such as specialists or peers	✓
4. Teacher/trainer + other resources and people	
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	✓
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓
5. Access to tutorial support restricted to working hours	✓
6. Tutorial support available outside working hours	
Pace of progression through the module/course	
1. Pace determined by the tutor	
2. Pace negotiated between the tutor and the student	
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

TRY TO OFFER GROUP TUTORIALS WHEN POSSIBLE DUE TO STAFF SHORTAGE BUT PRIVATE AND PHONE ADVICE AVAILABLE

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	✓
5. Assessment more than twice during the module/course with negotiated submission dates	✓
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	✓
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	
Assessment of practice	
1. Same criteria for each student	
2. Criteria based on individual student's learning needs	✓
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

6 SUMMATIVE ASSESSMENTS OVER THE 3 YEAR COURSE.
FIXED SUBMISSION DATES BUT EXTENSIONS NEGOTIABLE.
UNSEEN PAPERS x2 (1 PER PART)

ASSESSMENT OF PRACTICE IS LEVEL BASED SO CRITERIA TO REACH LEVEL OF COMPETENCE IS NEEDED, BUT EVIDENCE TO PROVE THAT COMPETENCE IS NEGOTIATED

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data the following dimensions of flexibility were explored in detail.

- entry requirements
- time of the programme
- module/programme choice
- starting date of the programme
- content of the module/programme
- range of mode of study
- resources for teaching and learning
- access to teacher support
- pattern of summative assessment of theory
- method of summative assessment

Access and provision

The programme was available to enrolled nurses who had had a minimum of one year's experience in the health service working with children. Enrolled nurses applying for a place on the programme had to be currently working in a paediatric setting, and had to continue to do so for the duration of the programme. Applicants could be working full or part-time, but if part-time they had to be able to fulfil the clinical requirements of the programme within the time allowed. In addition, applicants had to have the support of their line manager and director of nursing services, together with an assurance that their seconding health authority or trust was prepared to provide some, or all of the required practical experience. The trust also had to be able to provide a practitioner, who met the college criteria, to act as a clinical facilitator. Written commitment from the trusts, indicating support for the learners was required by the college as stated by the first clinical manager interviewed.

> *"They (the college) give some initial paperwork which requires the prospective learner to identify who their manager is, whether they will have managerial support for seeking other clinical placements, and then I have to sign to say that I will provide an appropriate member of staff to supervise and assist the programme member right the way through in terms of meeting the required number of hours. And also that person has the responsibility of supervising assignments and helping to meet assignment deadlines."*

Applicants were interviewed by the college before being offered a place. There was one intake a year for this programme with a fixed date of entry for learners, however the AP(E)L scheme allowed for potential individual finishing dates. One of the learners had been able to delay starting the programme, until the following year, due to family illness

There were three terms per year and one study day per week however, as a group, the learners had the opportunity to negotiate starting and finishing times of the study days, as well as holiday times. In addition to this the learners were able to negotiate study/reading days. On these days, learners were able to study where they wished and did not have to physically attend the college site.

> *"I both negotiated the time that they wanted to start and the time that they wanted to finish. The majority are mothers and want to get away to pick up their children. We also arranged the holiday around half term to make sure that was as accommodating as possible to mums who might not have the time off"* (Teacher)

This negotiation was endorsed by all three learners.

> *"in my group you have got girls from (Town 1) which is quite a long way and we turn around the timetable so that we start earlier have less break time and finish earlier in order to give them time to get back to (Town 1) travelling."* (Learner 1)

> *"There is some negotiation with that (holidays). I think what it's actually worked out to be doesn't really apply to me because I haven't got children, but its actually aimed at those that have. So it's around half term you are able to negotiate school holidays and things like that, they're quite lenient on that."* (Learner 2)

For those learners who had families to consider, this flexibility was very important and meant that they were able to organise child care around their study days and time spent in college. Allowing learners to negotiate the time of starting and finishing a study day and dates of holidays had implications upon the work pattern of the teaching staff responsible for the module/programme. The module teacher interviewed appeared to accept that in order to meet the needs of the learners she needed to be flexible herself. She appeared extremely committed to being responsive to learners needs and therefore more flexible in her approach to her work. The education manager indicated that there was no formal policy which required module teachers to take such an approach, although staff were fully aware of what was expected of them when they became module teachers.

> *"The staff don't mind at all. I think, because it is a fairly new programme this is a totally new idea of working for them, its negotiation on such terms like this. The staff here sign up to be module co-ordinators. It is up to them to interpret the curriculum, plan the timetable, negotiate with the learners, evaluate the module."* (Education manager)

Learners were expected to attend the college for 80% of the theoretical work. This was to meet the requirements of the English National Board. However, there was a limited amount of leeway if learners were, for example, ill or unable to attend due to family commitments. When such situation arose there was a sense of mutual support and care within the group.

> *"If somebody is ill we try to take the literature to the person or you discuss it with the module teacher and she helps. It's very flexible hours, not sort of strict but they (the college staff) would really like 100% attendance."* (Learner 1)

It is interesting to note that this learners opinion, that the college staff wished for 100% attendance, was not shared by the other two learners.

Funding allocated within the trusts for continuing professional development varied from unit to unit. The clinical managers indicated that it would not be possible in the future for learners to be fully funded by the trust due to financial constraints. All three learners interviewed however, had secured funding from their trusts.

Summary

- The learners were able to negotiate the starting times and finishing times of study days. This flexibility was important for those learners who had to travel to the study sessions or who had child-care commitments.

- The group could negotiate the timing of holidays within the programme. This meant that holidays could be taken at the same time as school holidays.

- Education staff were willing to change the pattern of their work to accommodate the needs of the learners.

Key issues in the management of flexible learning

- In a learner-centred programme as this appeared to be, the learner is more likely to be able to influence the learning experience to ensure that her own needs are met. However, it must be borne in mind that what a learner needs may not be the same as that which a learner wants and is ready to ensure that she gets. A learner may want to control learning opportunities and make them less appropriate to her needs. It seems reasonable however to argue that given the opportunity to influence learning activities, learners are likely to use them to meet their needs.

- The decisions about the amount of a programme that can be omitted as a result of AP(E)L needs to be managed effectively.

- In this same case study the module teacher was prepared to change her work pattern to meet the needs of the learners. This practice is an example of flexibility resulting more from the individual approach of the teacher than the policies of the organisation.

- The 80% attendance requirement is mistakenly understood to be a requirement set by the ENB.

Areas of good practice in the management of flexible learning

- The involvement of learners in the planning of programmes is likely to enhance flexibility.

- The college was committed to ensuring that learners were sponsored by their trust and that facilities were made available for successful completion of the programme. This could be viewed as good practice in ensuring the quality of learning especially in the clinical setting. This practice is similar to the model described by Kelly and Keely (1992).

- Negotiation of starting times and finishing times enhanced access and meant that learners' individual needs could be met.

Teaching and Learning

Although the programme consisted of nine modules, through AP(E)L, learners were able to obtain a reduction in the length of the programme. This could be up to 75% of the programme content. Clearly written information about the college AP(E)L scheme was available including the process by which learners secured accreditation for prior learning. Teachers had attended study days on the scheme and appeared committed to encouraging the learners to use AP(E)L. Interestingly, none of the learners interviewed had used the scheme.

> *"No I didn't actually. I thought I just needed a whole bit of refreshment. A few of the girls in the group did because some of them had just done neonatal care, 6 months or a yearly course actually so they were able to opt out."*
> (Learner 1)

The module teacher indicated that the learners on this particular programme appeared to want a high level of teacher contact and it had been difficult, initially, to encourage independent learning. This situation may have resulted from learners past experiences in an education system which was mainly didactic in style. In addition to this, enrolled nurses have often been undervalued by other qualified nurses and health care professions, which in some instances may have increased this sense of insecurity and lack of self-confidence This apparent lack of confidence may also account for the limited numbers of learners who had used the AP(E)L scheme. The uptake of AP(E)L was however becoming more popular.

> *"It* (AP(E)L) *is increasing. The very first intake in '93, I think we had 4 out of the 19. The second year we've had 6 to 8. They need an awful lot of encouragement and help. It is not easy as all AP(E)L schemes aren't easy and because it requires a lot of work and a lot of foraging around for evidence, it has put some people off. They'd rather sit there and do the full sentence of 3 years rather than go to all this effort, but I think it's going to get better. Once people out there realise that AP(E)L schemes are a feature of most new courses and it's actually to their benefit. We introduce them to the scheme on their interview day and we have some one tell them all about it and get them started then. So they have actually six months before they start the programme, in principle to think about it. Most of them are 'AP(E)Ling' out of practise just because its this sort of group. Not many of them have got theoretical certificates that they could come up with."* (Education manager)

The content of the modules was not prescribed in detail. The curriculum contained an outline of the subject areas to be covered by learners however within those subject areas there was some degree of flexibility. Learners were able to negotiate areas of particular interest to themselves or to the group or indeed areas which were of current interest to the profession.

> *"For example, just after Jeremy Bulger, I think we all found that that week most of our sessions had to accommodate that in some way, to look at it if we were doing an ethics session or community session it just had to come up and be addressed."* (Teacher)

The learners had recently decided that they wished to visit a trust which provided care for children with special needs and they had negotiated and arranged this themselves. For one of the learners in particular, this visit had been very helpful. She had spent some time in one clinical placement working with 'handicapped' children. This whole experience had stimulated her interest in children with special needs. If the learners identified a topic area which they wished to cover which was outside the expertise of the teaching staff, then appropriate individuals would be

> *'brought in'*

to meet the learners needs.

A variety of modes of learning were available to the learners and this was made explicit to them at the start of the module. To date however, no learner had discussed the use of alternative modes of learning with the teacher. The learners' apparent insecurities concerning independent study could have accounted for this.

In recent months there had been a reduction in the number of teaching staff at the college and replacements had not been made due to the uncertainty of requirements within higher education. The reduction in staff had increased the workload of teachers especially in respect of their role as personal teachers. All the learners interviewed had been allocated a personal teacher who was available to them inside working hours. This system appeared to operate fairly well although some personal teachers were more accessible than others largely as a result of differences in workload and location.

> *"Well, my personal teacher, he's got a bleep so I am free to call him at any time. I can ring to see him, if he is not available, he's got an answering phone and I can leave a message and he will be able to contact me on the ward or at home."* (Learner 1)

Learners did not have the home telephone number of their personal teachers. One learner had found it a little difficult to access her personal teacher because the teacher was on annual leave for a period and was

> *"a busy person"*

who also had a commitment to teach on other programmes. One of the clinical managers interviewed had some concern that the learners were not always receiving the support which she felt they needed. She offered an example where there had been a substantial time gap before the learner received feedback from the personal teacher for a piece of written work which the learner had taken considerable time and effort to produce. The learners were however able to access other teachers in the college including the module teachers, and overall, they did not feel unsupported. Most of the learners on this programme,for example, were worried about their written work and their lack of perceived ability in this area. However, they had been given

> *"a lot of help on how to write essays and how to reference."*

The library opened between 0830 and 1730, Monday to Fridays. It appeared that most learners accessed the library during the study days which were held at the college. Learners felt the facilities were good and met their needs.

> *"The librarians here are very helpful and there is quite a lot of articles that are kept which you can photocopy. There is a computer down there which you can actually look up research and they* (the librarians) *are more than happy to show you how to use it.."* (Learner 1)

The learners arranged their study around the opening times of the library and access to the library had not proved a problem for any of those interviewed.

> *"I just work around it and get what I want before the weekend. If you are looking for a particular article that isn't there you can always ask the librarian to get him to 'phone you and let you know if it is in or not. If you want a special photocopy they will do the photocopy for you, you pay them. So at the weekend you make sure that you have all the things you need."* (Learner 1)

The module teacher was responsible for ensuring that the resources needed for the module were available. Learners and staff alike were encouraged to suggest new additions to the library stock.

Summary

- The AP(E)L scheme within the college offered the learners an opportunity to reduce the length of the programme. The documentation produced by the college on the scheme was clearly presented and easy to understand. Teachers had attended study days on the AP(E)L scheme and appeared committed to encouraging the learners to use AP(E)L.

- Learners were able to negotiate the content of the modules which meant that the modules could reflect current issues in child health care as well as meeting the learning needs of the group.

- The learners had been able to negotiate a visit to a trust which offered clinical expertise which was of interest to them. This visit took place on one of the learner's study days and the learners had planned and organised the entire day themselves.

- Modes of learning could be negotiated within the module being studied and this was made clear to the learners at the beginning of the module. To date however no learner had taken up this option a fact which might have reflected a lack of confidence in the group.

Key issues in the management of flexible learning

- The use of 'outsiders' brought in to the meet the learners' needs requires careful management. If a number of 'outsiders' participate in the module, the role of the teacher can become one of mostly co-ordinator and administrator and there is a potential threat to the validity of the module. Outsiders who have been invited in response to an emerging and/or unpredicted need could have implications for the quality of the teaching.

- If negotiation of content is to occur, teachers need to be very clear about the parameters for the negotiation.

- Access to teacher guidance is important in flexible learning. Back-up for teachers on leave should be provided.

Areas of good practice in the management of flexible learning

- Negotiating the content of the module meant that learners' needs could be met.

Assessment

Assessment of theory

The programme was divided into two parts with a total of six summative assessments, two of which were unseen papers.

There was only one formative assessment. If a learner was having some difficulties with the learning process, additional formative assessments would be negotiated between teacher and learner. Learners found the formative assessment very useful because it had helped them with their literature searching and writing skills. This assessment also provided an opportunity for learners to realise that everyone was in the same situation with regards to academic writing and that they had similar shared experiences. None of those interviewed had undertaken any additional formative assessments.

It was possible for a learner to follow a particular area of interest within the summative assessment process.

> *"Yes, it's very open. Essentially it's looking at a demographic profile of the area that they are doing, like community experiences. So, it is looking at issues like demography, epidemiology. It's looking particularly at the provision for special needs children. Now that special need can be interpreted however they wish to. If they want to look at child who lives in poverty; a child who has a particular chronic illness; a child who is on the 'at risk register' they*

> *can open that out, or a child with a traditional special dilemma and disability so that is very open to interpretation and also the way in which they want to identify need, explore that need, look at how they would access and use health promotion for that client group. Yes it's very open and we would encourage them to be. I have to say that within an assignment if a learner can actually reflect wide reading and can show me she has thought about it and has handled it in an individual way and relates it to practice I am very prepared to look at that, mark it quite sympathetically, provided it answers the question."* (Teacher)

At the time of the case study the learners had just received written information on the summative assessment. For Learner 1 the information had been clear.

> *"Last week we were given the question which is quite good they give you the question with references and reading matter and we have to write it. They explain to us how best to get around writing the assignment."*

Whilst Learner 3 appeared to be confident as to what was expected of her in this assessment, it is interesting to note her comment.

> *"it's quite flexible because it will cover quite a number of things"*

Clearly flexibility should not be achieved at the expense of the learners' understanding of the purpose of the summative assessment.

Summary

- The assessment topic was negotiated between teacher and learner which enabled the learner to follow a particular interest within the module and meet their own learning needs and expectations.

Key issues in the management of flexible learning

- The parameters of flexibility within the assessment process need to be clearly communicated to the learners.

- Ensuring that learners are clear about the purpose of the summative assessment is an important aspect of the management of flexible learning.

Assessment of Practice

The special nature of this programme allowed learners to continue working in their normal area of employment whilst studying. The practical experience which each learner required was calculated on an individual basis and took into consideration their past experiences and their current area of work. By the end of the programme, learners had to have had experience of caring for children, between the ages of 0 -16, in both community and hospital settings. There were two practical assessments during the programme and these were undertaken in terms 5 and 6. At the time of the case study, however, the learners had not yet reached this stage of the programme.

Learners studying this programme came from trusts spread across a wide geographical area. The college provided the theory base for the programme but most of the clinical experience was gained back at their own hospital. Learners had a clinical facilitator, to help them with their learning in the clinical area, who was responsible for assessing their clinical performance. The majority of the clinical facilitators had undertaken the

ENB programme 'Teaching and Assessing in the Clinical Area'. However, in order that these facilitators understood the programme being studied, the college arranged study days.

> *"They come in before the programme starts, a year later we will probably get them in again to evaluate it. As we've been going along I've found that what I'll be doing next is giving the instructions to the clinical facilitators at the same time as the learners get it. Because, I have been teaching them separately and I think they'd actually benefit from the pair of them being there and being involved."* (Education manager)

Learners were able to choose their own facilitators but before a learner would be accepted on the programme, the trust had to demonstrate that there was a suitably qualified nurse in the relevant clinical area.

> *"it was very much getting my agreement as manager to provide whatever resources would be required by the learners, not only in terms of time away from the unit itself but also in terms of the sort of supervision and programme assistance that can be given by members of staff in the unit and it was my responsibility to make sure that we provide people with appropriate qualifications to act as supervisor for that person."* (Clinical manager 1)

The managers signed a college document which formed a 'contract of agreement' to support the learner and meet the learners' clinical education requirements. In this way, the college was protecting the interests of the nurses studying the programme. The ward manager acted as facilitator to a learner working in her clinical area.

> *"I am her supervisor. I don't work every shift with her. My learners actually work Monday to Friday which was certainly pre-arranged a long, long time ago and she is to work all early shifts. She does work the odd late shift due to, like everywhere we are short of staff so she will change to a late shift. She has continued to work the way that she used to work as a member of staff, as a member of the ward team and she is a very valuable member of the ward team. I think that's one of the things we keep telling her. Because she has only just started the programme but she is coming back with things and saying 'Oh what I have been learning about this', and I think she is learning about health, so she was saying health, it wasn't health and the nation it was something similar to that. It's interesting to hear her coming back to talk about it and she is sharing information which is very good and I think it makes her feel more valued. She is continuing to learn new skills along with all of us because we have all got new skills that have come in. We all have to learn how to take blood samples and she's continued to develop with that and in that role I am very much her facilitator. I know that when it comes to assessments she has to do an essay, she brought it for me to look at, before she handed it in."*

It was sometimes difficult for both the trust and clinical staff to acknowledge that a learner, in her own place of work, was indeed a learner. The learners on this programme were qualified nurses who had often worked in a clinical area for a number of years and were seen therefore as part of the clinical team. In contrast to this situation the learner referred to above, was acknowledged as being a learner on a professional development programme and staff were encouraged to support her in her studies.

At the time of the case study, the learners were in community placements and they were expected to arrange these placements for themselves. There was a time span in which the placement could occur so arrangements could be made in conjunction with the requirements of their managers.

> *" she has asked me what did I see would be feasible. Did I want her to go a week, every now and again, or, should she do the four weeks together myself and the learner were able to work around what suited us better."* (ward manager)

Learners could negotiate the geographical location of the placement and, if appropriate, this might be outside of the learner's own trust. Actually securing placements was not always easy for the learners.

> *"Concerning placements it depends on where you live. We have to try and organise our own placements with certain things, because with each of us its dependent upon our past experiences and the college have to sort out what you need to do. Some of the girls have found it a little bit difficult finding placements, again depending upon your area because you 'phone this person and they say it is not me it's the manager and you have written off to the manager and it takes a little while for them to answer. Some areas just don't want to know. Some are even asking you to pay to go out with a health visitor . I have to do my community special needs and she (the ward manager) said to me, 'May is a quieter month so that would be the best time for you to try and find a placement.".*(Learner 1)

Learners were able to negotiate to undertake this community experience between the period of January and August, the last eight months of the first year of the programme. This gave some flexibility to both the learner and her ward manager so that the needs of the learner could be met and the necessary skill mix of nursing staff in the clinical area, maintained. Learners were encouraged to negotiate the placements close to their own homes in order to reduce travelling and make it easier for them.

> *"It is actually aimed so that you can follow the health promotion within your area where you live, but you can actually choose the area you want to. If I really wanted to, I could follow my home area, which is Wales. So it's quite flexible.* (Learner 2)

The learners liked the fact that they were able to decide in which locality they undertook their community placement, this offered them the opportunity to choose a locality close to their home. However securing a community placement was difficult as there were currently a number of education programmes which required learners to undertake a community placement. This put obvious pressure on community staff and often priority was given to the learners in initial nurse education.

Summary

- The learners interviewed had not as yet undertaken a formal assessment of their practice in the clinical area.

- Clinical placements could take place within a time span of several months. This allowed for negotiation between learner and manager so the needs of the learner and the requirement to staff the clinical area could be considered.

- The college encouraged the learners to arrange clinical placements near to their home for their own convenience. Making this arrangement was not always possible however, due to the demand for specialist clinical placements.

Key issues in the management of flexible learning

- Quality control procedures are important when learners are allowed to arrange clinical placements at a location convenient to them.

Areas of good practice in the management of flexible learning

- The college sought the commitment of the trusts to support the learners in the clinical area.

Evaluation

There was an evaluation strategy for all modules/programmes within the college and evaluation took place at both a formal and informal level. Data were collected formally, using an unstructured questionnaire, at the end of Part 1 and on completion of the programme. Informal evaluation occurred on a day to day basis and enabled minor problems to be resolved.

> *"After the first module there were 13 topics we thought that we didn't need at that time or there were some things that we could have had at another time. We did voice that opinion and they (the college) have made changes but they did put their side of it that the tutors had to get the lecturers fitted in."* (Learner 1)

The module teacher also indicated that she gave the learners the opportunity to evaluate her own sessions which provided her with

> *"instant feedback"*

so she could respond to the learners' needs.

> *"What I always say at the beginning of a session is that I planned this session this way, but if you actually find that it is tedious; that you would like me to apply it a bit more to practice, or, you would like me to attack it in a slightly different way, tell me about it because I always give myself the breadth that I can take turns and deviate and go up different avenues if that's appropriate. At the end of the session it is just a very informal, what was that like? How did that go was that OK?"*

The point at which formal evaluation of the programme took place, had not yet been reached however one manager commented.

> *"There is fairly regular and I think good communication with the programme manager."* (Ward manager)

Because of the timing of the case study, the learners were unable to comment on the formal evaluation process.

Summary

- Formal evaluation took place at the end of Part 1 and again on completion of the programme.

- Informal evaluation occurred on a day to day basis and enabled minor problems to be resolved.

The impact of flexible modes of learning on educational experience and achievements

Learners stated that they had only been able to study the programme because it had been part-time. They did not have to resign from their current posts and this gave them job security. Although there was no guarantee that at the end of the programme they would be offered a post as a registered sick children's nurse, they would be able to apply for such a post if it arose. Job security was very important as one learner explained very succinctly.

> *"Because I have got a family at the time I was the main breadwinner there was no way that I could leave my present job, even though I wanted to, it was important that I did do the programme, to actually say 'Right I am going to do this'. But at the end of the day on a full time programme there was no guarantee that I could get a job at the end. I couldn't put myself in that position. This is the ideal way to be able to do it."* (Learner 3)

For these learners, being able to access the programme had already had an impact on their nursing practice.

> *"It made me just think about what we do. I think now I would be able to say put theory to practice there is not always the ability to explain what you do even though you know what you are doing. And I think that is a drawback to an enrolled nurse. I try now whatever I am doing I know the rationale behind and I know there has got to be an explanation. You just don't take it for granted. Whereas before I have done it that way but you begin to relate it to theory."* (Learner 3)

Overall the learners were very enthusiastic about the flexible nature of the programme and the opportunities it offered them.

> *"I sat on the committee for planning the programme. We planned different aspects; what was best for the ENs to do on the programme. That was very constructive, we met once a week and did a format and worked it all out. I could have started mine (the programme) earlier on but my husband became ill, so I had to put it all back on hold. He's much better now so as I said now was the right time to start. Because I'm the breadwinner of the family, I opted to do the part time conversion programme. Since joining the programme, it's been very uplifting for me and very educational. I think it's going to make me a better nurse in all respects. It's very flexible. We have got quite a lot of study time and we were given the plan for the whole three years so we know exactly where we are. Being flexible is the key to a lot of it actually and being able to negotiate."* (Learner 1)

Summary

- Women who were the 'bread winners' of the family were able to study the programme because it was part-time.

- Learners were able to identify the impact that the programme had had on their nursing practice.

Key issues in the management of flexible learning

- Allowing/encouraging individuals through 'flexible study' to change their professional status while in post has important management implications especially if that new status means enhanced grading. The selection of individuals for institutional support needs to be managed appropriately and the entitlements of those who are self-funding needs to be made clear.

Management of flexible learning

The teachers worked with substantial autonomy but were formally accountable to the education manager. Module teachers such as the one interviewed here were responsible for delivery of the module and had a degree of freedom within that delivery. Flexibility in teaching and learning had emerged within the college in recent times.

> *"I think there is a great deal of flexibility particularly in this programme. Other programmes are not so flexible. I think they are set more in tablets of stone, the sessions are identified. I feel that we've increasingly, over the last two years, been given a gigantic amount of autonomy and I have a huge amount of flexibility in actually delivering what I think is appropriate and what is appropriate to the needs of the learners. That is enshrined not only in the written evidence of the curriculum, but also in team meetings and stuff like that.* (Teacher)

This was the first time this programme had been delivered and the module studied was the first module of the programme. The college clearly intended to give the the nurse teachers increased freedom and autonomy within the programme and were confident about doing so.

> *"we have some very experienced staff."*

The education manager spoke of the college and staff

> *"advertising"*

their resources and the range and mix of expertise they had to offer. If the college did not have the necessary resources or expertise to respond to the learners' requests, individuals who did have the expertise would be approached and asked to help meet the learners' needs. The manager referred to this style as the

> *"we know a man who can "*

approach.

In the past, when a member of college staff resigned, her/his replacement would have been someone who had the specific skills required to deliver a particular module or programme. That was no longer possible as the education manager outlined.

> *"We can't afford that luxury. Certainly when we designed the curriculum we had a very healthy staff/student ratio and that has altered due to changing circumstances. I think, for example, something like aromatherapy, or complimentary therapy, is a good example. We have two people who were prepared to run modules and since then one of them is just too busy to do it any more. And so that was lost as an option. So rather than the whole module on it, we may be able to run a few sessions, just as a taster."* (Education manager)

Regular meetings between the teachers and the education manager took place to discuss matters arising as a result of the flexibility of the programme and the level of discretion and freedom given to the teachers. The education manager considered that this was an important part of her overall role. She also met regularly with the learners so that if anything was causing concern

> *"we could sort it out before the end of the module and if things are going well, well it's worth repeating."*

Summary

- The experience of staff was a factor in flexible provision with the more experienced staff enabling a more flexible approach to teaching and learning

- The education manager had regular meetings with the teachers to discuss any matters arising as a result of the flexible nature of the programme.

Key issues in the management of flexible learning

- Problems may well arise in the long term if too much reliance is placed upon the experience of staff. An approach to managing flexible learning which relies on the experience of staff requires staff continuity.

- Increasing flexibility may cause teachers to become 'generalists' rather than specialists who are able to facilitate learning in a general sense but who are not experts in any particular aspect of practice. The long term consequences of this change are not clear.

Communication between college and trust

The college ensured that clinical managers understood the requisite level of commitment to the nurse as a learner.

> *"I was invited at the very beginning to come and discuss the programme. They (the college) had a study day at the beginning with a talk on what the programme was and how many days we can expect our members of staff to be off the ward."* (Ward manager)

All managers interviewed agreed that the programme met the needs of the trusts in terms of enabling mature married enrolled nurses to gain first level registration.

> *"in terms of allowing me to help the small number of nurses that I've got achieve first level registration. Yes it does. I was going back to when the part-time conversion programme first started I think that was a great advance because we had previously looked at people going off to do the conversion course full-time. It was not a popular option for several reasons, either because it would make it difficult for them to meet their family and social commitments or, because they felt that they would be away from intensive care for too long and become de-skilled and in some cases was there was also financial implications. So the part-time programme was a great advance and it definitely has meant if I think about staff in my units doing it at the moment they both have family commitments and I don't think either of them could have done it unless it was on a part-time basis."* (Clinical manager 1)

Learners, other than those working in operating theatres, could study the programme whilst continuing to work in their own clinical areas. This was an attractive feature of the programme for managers who had to balance the need for continuing professional development against the need to maintain a patient/client service. However, the managers felt that they would not reap the true benefit from the programme until the first learners to undertake the programme had qualified.

The potential benefits of this programme to both learners and trusts had been brought about as a result of good communication between the college and trusts. The addition of a learner to the planning team ensured that learners views were taken into account and the learners' needs met. The ward manager indicated that her lines of communication with the college tended to be informal. She had worked in the trust for a number of years and knew the college staff well, so if there was something which she needed to talk to the staff about concerning the programme, she knew whom to contact. There was a general feeling however amongst the managers, that communication was not quite so good as perhaps it had been in the past and concerns were expressed about the future quality of communication when the college incorporated into higher education.

Summary

- The college ensured that clinical managers understood the required level of commitment to the nurse as a learner.

- Learners, other than those working in operating theatres, could study the programme whilst continuing to work in their own clinical areas. This was an attractive feature of the programme for managers who had to balance the need for continuing professional development against the need to maintain a patient/client service.

- The benefits of this programme to both learners and trusts had been brought about as a result of good communication between the college and trusts.

Key issues in the management of flexible learning

- Within trusts a potential conflict exists between enabling nurses to undertake continuing professional development programmes, which benefit the individual nurse and improves the standard of care provided by the trust and ensuring that the wards are staffed with sufficient numbers of skilled nurses. Whilst trusts may have a strong commitment to developing a well-educated work force, providing a healthcare service which can respond to client needs may, at times, result in nurses finding their study time being eroded by the pressure of work in the clinical area.

- Short and effective lines of communication between all stakeholders is crucial in the effective management of flexible learning.

Case Study 4

Introduction and background

This case study was undertaken during March and April, 1995 in a college of health studies. The college offered a variety of nurse education programmes at post-registration level as well as a pre-registration diploma in higher education programme, in all four branches of nursing. At the time of the case study the college had not been incorporated into higher education although the tendering process was well advanced. The trusts in this area viewed the college of health as the main provider of nurse education.

The module which was the unit of analysis in the case study was an English National Board (ENB) module entitled Care of the Elderly. It incorporated the ENB module Teaching and Assessing in Clinical Practice, for those who did not already hold this qualification at level 3. The college had established a link with a local institute of higher education and the module had been CATS-rated. This module was available to first level nurses who were working with elderly clients in either an institutional or community setting. It was available as a 'stand alone' module but the credits awarded counted towards a Diploma in Advanced Nursing Care as well as BSc. Hons. in Nursing Studies awarded by a institute of higher education.

Details of the Diploma in Advanced Nursing Care

The diploma in advanced nursing care covered a span of two semesters. The theory component in the first semester of the programme was undertaken at the institute of higher education where two modules were studied. The outlines of these modules, given below, are taken from programme documentation.

1. The Nature of Nursing. This module aimed to broaden the learners' understanding of nursing as part of a multi-disciplinary framework of professionals in a constantly changing National Health Service. Macro-policies and global issues relevant to nurses were examined during this module.

2.Theory, Research and Practice. This module aimed to increase the learners' confidence in using research, enabling them to address the rigour and credibility of nursing research.

The theoretical component for the second semester was undertaken at the college of health studies where two further modules were studied.

Advanced Nursing Care. Here a number of ENB modules were available to learners in a variety of specialities of which Care of the Elderly was one.

Teaching and Assessing in Clinical Practice. This module aimed to prepare practitioners to become facilitators and assessors of learning in the clinical area.

Details of the module

Details of the module taken from documents published by the college are given below

The module 'philosophy' was based on an appreciation that health care for the elderly was practised in a variety of settings and that care was affected by the political and economic climate and by demographic change. The health care needs of elderly people together with their families were recognised as differing between individuals according to culture, environment, family circumstances and lifestyles.

Teaching and learning strategies for this module were embedded in the concept of learners as adults who ultimately will take responsibility for their own learning.

- ***Title of Module:*** Care of the Elderly

• Credit Rating	20 Credits 10 Credits for Teaching and Assessing in Practice
• Pre-requisites	1st level nurse with a minimum of one year's experience in elderly care

- ***Aim***

Equip the learner with the clinical theory necessary to practice high quality nursing care of the elderly in a variety of settings.

Make the learner aware of the psychological and social dimensions associated with caring for the elderly.

Explore the relationship between health, social and voluntary services in the care of the elderly.

Promote the application of the theory gained above in practice.

- ***Learning Outcomes***

At the end of the module the learners should be able to:

Critically analyse the registered nurse's role in the care of the elderly patient

Initiate and develop rapport with the patient and the family to enable the expression of feelings and the identification of needs.

Demonstrate skills in promoting and development of positive coping strategies by families when an elderly member has medical or psycho-social problems which affect lifestyles.

Assess, plan, implement and evaluate care for elderly patients.

Discuss the value of various models of nursing and various methods of organising care for the elderly in a variety of settings.

Demonstrate the application of knowledge of the following to the management of care for the elderly:

the aging process
cardiovascular physiology
musculo-skeletal changes in old age
neurological changes in old age
temperature control
tissue viability

Describe pathological processes and the precipitating/causative factors which result in health problems in the elderly.

Discuss the management of drug therapy for the elderly, including compliance and self-medication programmes.

Examine attitudes towards the elderly in different societies and cultures.

Discuss the effects of public policy on the health and welfare of an aging population.

Discuss the nurses role in the management of care for the elderly in institutional and non-institutional settings.

Contribute to effective communication within the multi-disciplinary team.

Discuss the role of members of the multi-disciplinary care team and function effectively within that team.

Discuss the nurses role as a teacher and health educator for elderly patients, relatives and staff.

Assess the value of screening programmes in the prevention, detection and successful management of health problems in old age.

Assess the effectiveness of health education programmes in maintaining the health of the elderly population.

Help the family be aware of their own health needs and encourage them to maintain their own health.

Move, and position patients safely in order to avoid injury to both staff and patients.

Demonstrate an an awareness of the role of social and voluntary services in the care of the elderly.

Discuss the interaction between health, social and voluntary services for the elderly.

- ***Assessment***

The module was assessed both formatively and summatively.

Formative assessment There were two formative assessments in the module, both critical incidence. In the first semester the learner analysed a critical incident and presented this as a written piece of work. In the second semester the learners presented another critical incident, which they had analysed, to their colleagues

Summative assessment. This took the form of a 4,000 word essay and focused on one topic of nursing care related to the learner's specialism. This could be an area of interest or concern within their practice that they wished to explore in some depth. The work had to demonstrate the relationship between theory and practice and its implications for nursing. Overall, the emphasis of the essay was on a holistic approach to care, focussing on relevant aspects of holism to the subject chosen. In essence, the thrust of the assignment was the role of the nurse in shaping nursing practice.

Assessment of practice This took the form of learning contracts and also a standard assessment form based on the work of Benner (1984), however learners were able to add additional learning outcomes to this form to meet their own individual needs.

Planning and history of the module

The module had been developed within the past two years. A planning team had been established which consisted of educationalists as well as practitioners and senior clinical managers who represented the trust. The work of this team had been concerned with producing a module which met the needs of the practitioners to advance their understanding of theories and practices of elderly care. It was the intention of the college to redesign the module in the near future.

Collection of data

Data were collected from nine individuals.

Senior education manager - individual with wide experience in nurse education who was responsible for the management and delivery of post-registration professional development programmes within the college.

Education manager - this was a relatively new post which had been created only two years ago. The work of this manager was concerned with the co-ordination of open learning across the college in both pre and post-registration programmes. The manager held a small budget to enable the development of open learning but did not have a role in staff management.

Teacher - responsible for the planning and delivery of the care of the elderly module being studied and a member of the planning team

Learner 1 - staff nurse who was also a recently qualified graduate in nursing. This learner had been credited with the first two modules of the diploma in advanced nursing care through the accreditation of prior learning.

Learner 2 - staff nurse who was also a graduate in nursing. She had worked in care of the elderly since qualifying two years previously and had decided that this was to be her chosen clinical speciality.

Learner 3 - staff nurse, with a number of years experience who was currently working in a general practitioner unit in a community hospital This unit had nine beds dedicated to elderly care. This nurse was studying this module as part of a degree programme.

Clinical nurse manager 1 - responsible for the management of the day-to-day operations within a care of the elderly unit. She also had a professional responsibility for the care that was delivered within the unit. There were G grade (1) nurses in charge of the wards within the unit and they had 24-hour responsibility for standards of care and management of their wards. The manager saw her role therefore in terms of an adviser to both the G grade staff and to the general manager of the trust, on professional issues.

Ward manager 1 - G grade sister on a care of the elderly ward at a local hospital. The ward was concerned with rehabilitation and she had 24-hour responsibility for the care and management. She had worked in the health service for a number of years, with only a short break in which to bring up her children.

Ward manager 2 - held a relatively new position as part of a pilot scheme within a local hospital The role included the management of a number of staff who were not nurses but whose actions affected the care environment for the elderly clients. This included such people as cooks, porters and cleaners. Whilst this manager had previously had a member of his staff studying the module he had fairly recently studied the module himself and it was these experiences which were explored.

Questionnaire data

The dimensions of flexibility reported by the teacher in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..

Name of contact person..

Telephone number..

Title of module/course.........E.N.B 298 CARE OF THE ELDERLY...

Is this a module or course? Please indicate with a tick . Module ☑ Course ☑

If module, please indicate level.............3..

Total number of hours of learning for module/course..

CATS-rating......30 AT LEVEL 3 INCLUDING 10 FOR ENB 998

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	✓
2. The institution offers this module/programme at more than one location	
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	✓
Module/programme choice	
1. Module/programme the only option at a particular time	✓
2. Module/programme always offered as one of a choice of the same group of modules	
3. Module/programme offered as one of a choice of a different group of modules on each occasion	
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	
3. Learners are able to negotiate to use a mode of study of their choice	✓
4. Mode of study specified by the teacher, institution or external agency	✓

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

LOCATION.

1. THE CLINICAL COMPONENT IS TAKEN IN A VARIETY OF LOCATIONS DEPENDING ON THE NEEDS OF THE STUDENT

6. DURING BLOCK & STUDY DAYS. CLINICAL DUTY TIMES ARE NEGOTIATED BY THE STUDENTS

RANGE

3.4 THERE ARE SET LEARNING OUTCOMES FOR THE COURSE BUT WITHIN THIS THERE IS FLUIDITY FOR THE STUDENTS TO SELECT THEIR LEARNING NEEDS & HOW THEY WILL ACHIEVE SOLVING THESE NEEDS

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	✓
2. Some choice for example two or more entry points during the year	
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	✓
2. Specific qualifications required	
3. Range of qualifications and experience accepted	
4. Evidence of learning from appropriate experience accepted (eg APEL)	✓
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	✓
3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time	✓
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	✓
2. Negotiable finishing date	
3. Negotiable within a fixed time span	
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	✓
3. One payment in full at fixed point during the module/programme	
4. Payment by cheque or cash only	
5. Payment by credit card accepted	
6. Direct debit payment over several months	
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

MODE OF ATTENDANCE

2.3 THERE ARE. SET NO OF DAYS FOR STUDY BUT EXTRA DAYS WHEN STUDY DAYS ARE HELD AND OTHER EXPERIENCES ARE PLANNED /NEGOTIATED WITH THE STUDENT

PAYMENT

2 NO COURSE FEES TO STUDENT OR MANAGER (LOCAL TRUSTS) TOP SLICED BY REGION AT PRESENT

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	✓
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL	
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	✓
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	✓
3. Teacher/trainer + other people such as specialists or peers	✓
4. Teacher/trainer + other resources and people	✓
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓
5. Access to tutorial support restricted to working hours	✓
6. Tutorial support available outside working hours	✓
Pace of progression through the module/course	
1. Pace determined by the tutor	✓
2. Pace negotiated between the tutor and the student	
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

ACCESS
6. ONLY IN EMERGENCIES
PACE
1. DETERMINED BY WORK SUBMISSION DATES OF UNIVERSITY

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	✓
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	
Assessment of practice	
1. Same criteria for each student	✓
2. Criteria based on individual student's learning needs	✓
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	✓
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

SUMMATIVE ASSESSMENT
4 ASSESSMENT POINTS 2-4000 WORD ESSAY
DETERMINED BY THE UNIVERSITY

ASSESSMENT
THERE IS A FIXED ASSESSMENT DOCUMENT - BENNER
BUT AGAIN FLEXIBILITY WITHIN THAT BY USING CLINICAL
INCIDENT TO SELF ASSESS DEVELOPMENT
LEARNING CONTRACT. USED AS PART OF BOTH FORMATIVE
AND CLINICAL ASSESSMENT

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
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Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data the following dimensions of flexibility were explored in some detail.

- entry requirements
- location of module
- time of the module
- module choice
- starting date of module
- mode of attendance
- content of module
- mode of teaching and learning
- range of module of study
- resources for teaching and learning
- access to teacher support
- pattern of summative assessment of theory and submission dates
- method of assessment
- assessment of practice

Access and provision

Learners secured a place on the module in one of two ways.

Firstly, individual nurses negotiated with their clinical managers to study the module as part of their continuing professional development.

Secondly, trusts would negotiate a certain number of places during the year and then within that trust, nurses were approached and nominated for places.

The experience of the learners in securing a place on the module varied.

> *"Initially, I was approached by the Sister on the ward who said was I interested in doing one of the programmes, which I was, and then I got the information through the college. I was then approached by the Sister who then felt that maybe I shouldn't be doing the long programme (The Diploma in Advanced Nursing Care) because she suddenly realised how long I was going to be off the ward. But in the end she said I could come along."* (Learner 1)

Another learner had had to persuade her manager to allow her to study the module.

> *"Lots of nagging and lots of saying please, please, please and lots of phone calls and negotiation with the manager."* (Learner 2)

In order that the learners were able to integrate theory and practice, it was essential that that they worked in areas that were recognised as having a good learning environment. A clinical learning environment audit was carried out in clinical areas where learner nurses would be gaining clinical experience. Not all clinical areas met the standards required by the audit and this situation had implications for learners' clinical experience.

> *"Well I have had to move because of the programme, because the area I was working in wasn't considered to be good for learning. So I moved to another community hospital in the trust.* (Learner 3)

Prospective learners completed an application form,which was sent to the college, and then had to take part in an interview. Despite this formal procedure, the learner (above) who had had some difficulty persuading her manager to allow her to study the module, still had to be persistent at this stage.

> *"So I put an application in for the programme, ages and ages ago, and then I would, every month or so, keep saying (to her clinical manager) has anything happened about that, have I got picked to go on the programme. I got to know my teacher here (the college) on the 'phone negotiating with her and finding out about the programme. I was hoping to go on the short programme (two modules, 'Care of the Elderly' and 'Teaching and Assessing in the Clinical Area') and they (the trust) would fund me to go on it but at the last minute they couldn't cover the ward. In the mean time, because somebody had left (the trust) I was put more of a priority I think I got on it because I've already done the degree so I was excluded from two modules so it would mean releasing me for half the programme which is cheaper.""* (Learner 2)

The college's entry criteria stated that prospective learners should be first level nurses with a minimum of one year working experience in care of the elderly. If the nurses were diplomats or graduates then it was usually possible to credit such learners with the first two modules of the Diploma in Advanced Nursing Care programme. Applicants who had not undertaken any formal study for a time were asked to write a

> *"diagnostic essay."*

This procedure enabled the teacher to offer these nurses guidance, if it was required, in the form of a study skills module. Undertaking a study skills module, could however result in an overlap with the start date of the Care of the Elderly module.

> *"Now sometimes the time scale gets squashed so occasionally you have a learner who's doing study skills concurrently with the start of the programme, but they seem to manage it. That happened last year. We had three people, but they got through it alright. They found it valuable because they were learning about things and being able to apply it straight away so although the ideal perhaps is not to do that it does sometimes happen.""* (Teacher)

Prospective learners were interviewed by the teacher and a member of nursing staff from the trusts.

> *"I usually pick a ward Sister that I'm quite comfortable with and who is happy to do that and who is familiar with the programme outcomes and we look at the application forms and we talk to the learners. I think it's not about saying you can and you can't come it's really about making sure that they understand what they are letting themselves in for. And this year we had an information day and that worked very well too and we said to people this is to give you the opportunity to say no it's not for me, I'll go away. That so far hasn't happened to any of my group.'"* (Teacher)

> The information day had enabled the prospective learners to decide whether they wanted to proceed with the module/programme. The day had been useful in helping learners to understand the amount of work involved.

> *"So it's an information giving day, it's a day to enable them to explore and I try to do a bit of group work with my people and say, 'What are your expectations and what sort of things do you want on the module and what do you feel it's about?' But I think however much you do that, you can't really explain what the workload is*

> *like, and if a learner really gets in to directing their own learning, then their workload can be tremendous. So without scaring them you want to be able to say, 'Look it's a heavy programme, it's a hard programme, its a fast programme.' They go from level 1 to level 3 in a nine month period. That's expecting an awful lot."* (Teacher)

The module followed on from the first two modules of the Diploma in Advanced Nursing Care, so had a fixed starting date in October of every year. Learners were able to study the first two modules of the diploma and then take a year out, if they wished, before completing the other two modules . Whilst this could be an attractive option for the learners, the teacher believed that this way of studying for the diploma was not popular with the clinical managers:

> *"When the manager says you go and do the programme,do I don't think they want people to be doing a bit this year and a bit next year, perhaps it's my perception. I've never actually sat down with a manager and said, 'Would you like this to happen?' But my perception is and from hearing other people talking about what happens with managers, they want the programme now and it's got to be done here and that's the right time, otherwise, no play. So I think you also have to be conscious of what the managers want as well as what the learners want because it's practice driven. If the managers pull the rug from under the module, the module doesn't run. But if I had the option, I would like to say to learners, 'Yes you could do this module and this module, now, stop, try and get that rationalised with practice and then come back and do the extra bit..' But there hasn't been the opportunity to do that, except in very exceptional circumstances."*

The module was delivered on the college site. This was not identified as a problem however two of the learners had journeys of over thirty miles. The travelling had been made easier due to the fact that the group could negotiate the times at which the study days started.

> *"We have negotiated starting times. I come from thirty miles away and I have to drop my children off at school at 8.30 and we were originally starting at 9 o'clock when we started the module. So we negotiated 9.30. It doesn't make it such a rush."* (Learner 3)

Although this learner felt that if she had not been able to negotiate the later start time, she would have

> *"got around that"*

it had been beneficial to her. Another learner expanded on how the timing of the sessions had been flexible.

> "(The teacher) *says you can start at 9 or 9.30; 'when do you want to start? When do you want to go on to?' and she will say, 'Do you want to have a break now or would you rather carry on and finish it?' She is very flexible."* (Learner 2)"

This flexibility had been important for this particular learner as the journey to the college took an hour and she often found it difficult to park her car. Staggering the starting times of study days did sometimes help in freeing up parking spaces.

The college expected the learners to attend all study days.

> *"I expect them to come for the study days unless there is somebody sick. That's quite legitimate as far as I am concerned and if somebody rings in and says they are sick then that's fine. I think that the interesting thing with nurses is that they appear even though they are three parts dead and because that culture is driven into you so much but if somebody were to say, 'Well there's such and such, I'd like to do on that day then I say well this is what is happening. Now we have a very good speaker, it would be a shame for you to miss them.' But I don't believe anybody's feet are bolted to the floor and if the student feels that they can't be there for whatever reason then that is their choice. But they would have to make up what they'd missed under their own steam. There's no pack that I could actually say, 'Right if you look at that then that will give you what we are doing in another session. I think we do create the culture at the beginning of the module to say, and point out at Information Day, 'You are expected to be there for the study blocks and you are expected to be there for the study days.' 'However, if you are sick dee da da.' My feeling is if the students at the end of the module can prove to whoever they need to prove that they have met the learning outcomes of the module, then that is fine. I have a student on the present module who only works 22 hours a week. In fact, she has upped her hours a little bit in order to do the module and we talked about this at the beginning. She said,'Supposing it will effect me clinically because it's 50% clinical module. And I said that we'd talk about meeting the module outcomes and if she felt that she hadn't met them when the time/June comes, then we can extend it to July we can extend it to August as far as the clinical practice is concerned and it would just mean that her work goes to the next academic board. I think that this is the difficulty of having clinical ENB courses locked into a Higher Education system because we don't fit any of their systems and having these field boards and exam boards presents difficulties."* (Teacher)

For one learner, her enthusiasm for and enjoyment of the module meant that she did not mind being expected to attend every session. She felt privileged to be studying the module and, as the learners were able to choose the content, she had no intention of

> *"missing anything."*

Currently, learners did not have to pay for the module but there were implications for clinical managers in terms of replacing the nurse in the clinical area.

> *"Learners at the moment don't pay. It's top sliced from region at the moment. So the costs that are involved are the replacement costs, so it's the managers that are having to do the forking out. At the moment learners don't have to pay. Now in the future, I'm sure they will do, although, it'll be a 50/50 thing. And I don't think there is the mechanism in place yet to say whether people will pay on a bit by bit basis. I think rather perhaps, it would be a case of money up front, because we need that money to drive the course, but that's me being a bit cynical, because I think organisations like this perhaps like to have the cash there, because they need it. I just think because it's coming in dribs and drabs it doesn't suit them very well. I don't think we're geared up to coping with that but I it would be nice to have that option I think, as a learner"* (Teacher).

One learner who was undertaking the module as part of the degree programme was using her own time for study and funding herself. This learner was working for a trust which normally purchased nurse education from a different college.

Summary

- In order to secure a place on the module, learners had to be first level nurses with experience in a care of the elderly setting.

- A module on study skills was available for those learners who had not recently undertaken formal study.

- Learners were interviewed by the module teacher and a ward manager from one of the trusts and were also invited to attend an information day. Both strategies were designed to enable the learners to understand the demands of the module/programme.

- The module was available on the college site only and the starting dates were fixed in order to meet the academic programme of the accrediting higher education institution.

- The learners had been able to negotiate the starting and finishing times of study days.

- The college expected that learners would attend all study days.

- The module was funded by region as part of a 'top slicing' arrangement. There were however cost implications for the replacement of learners in their own clinical areas.

Key issues in the management of flexible learning

- In this case, the trusts negotiated a number of places on the module and nurses were approached by their managers to fill those places. In order for trusts to achieve the appropriate skill mix, nurses may be directed/coerced/persuaded to study a particular programme which may not suit their own desires and aspirations. This reduces choice and consequently, flexibility.

- One learner spent a great deal of her time persuading her manager to allow her to study the module. Given the strength of personal ambition, it would appear to be important that those managing access (or involved in the access process) have a clear view of individual and organisational needs.

- Managing flexible entry can be time-consuming and has implications for the management of resources.

- When learners are able to access study skills modules important management decisions have to be taken, such as:

  What is the level of the study skill module?
  Is the module part of the academic programme?
  Should credit gained from doing a 'preparatory' module be used as credit on the programme itself?

- Starting times of the module were fixed as a result of the time scale of the whole diploma programme. Learners and others may want increased flexibility but accrediting organisations may place limits on flexibility.

- Learners and managers may value the flexibility of the programmes differently.
- The learners were able to negotiate the starting times of study days. This is an important part of the 'micro-flexibility', that is flexibility which can be negotiated between the teachers and the learner.

- The college expected the learners to attend all study days. Specifying the learning outcomes and ensuring that they are achieved (through say the assessment process) is a way of overcoming the problem of managing attendance. Arguably if the learners can demonstrate that they can achieve the learning outcomes they need not attend. In general it is worth stating that these learners are professional adults. If the sessions are appropriate for them they will attend if not they will not.

Areas of good practice in the management of flexible learning

- Having an information day provides an opportunity for learners and teacher to discuss the options, opportunities and potential for flexibility.

- Learners were interviewed by the module teacher and a ward manager from one of the trusts but were also invited to attend an information day. Both strategies were designed to enable the learners to understand the demands of the module/programme.

- providing a study skills module can enable access to modules/programmes.

Teaching and Learning

There was a strong sense that the module 'belonged' to the learners. Learning outcomes were specified and the module content was broadly specified but the learners were able to negotiate content as the teacher indicated.

> *"They are experienced nurses and I believe that they can say to me we want information on; we would like to see speakers who could tell us about this; nurses who could tell us about that, whatever. And I say to them 'What do you want?' 'You've looked at the learning outcomes, you've seen what is there, what do you want? Do you want physiology?', and this group have said 'No, we don't.' That's fine they know the material is in there and if they don't know the physiology . . . . That sounds a bit cruel to say that's their problem but I mean, if they say 'No we don't want physiology', fair enough. "*

The process of negotiation of content was described by learner 1.

> *"(The teacher) basically asked us what we want to look at. We've come up with ideas and then she's gone away to find out who she can get to come and speak to us, where we could go and things like that, that would cover those areas. So that's been quite flexible which has been good . . . . It is quite a small group, there is only five of us. We all seem to be very interested in various other things so that's helped I suppose. Basically, we have all gone away and we've discussed it amongst ourselves and looked at areas we were interested in and come up with a list together. I mean (teacher) did say to us if there was anything we want to cover just to tell her and so it didn't have to be as a group*
> *but that's just how we did it."*

Learners considered that this negotiation process had enabled them to cover areas which were of interest to them and relevant to their work. It also meant that they did not have to repeat topics which they might have covered whilst studying other modules or programmes. The teacher acknowledged that she could not be an expert on everything and learners were encouraged to suggest the names of individuals who could talk to them on their chosen topic areas. Whilst learners might suggest an appropriate individual, it was the teacher who usually contacted that individual and made the necessary arrangements. The education manager commented that it was not always possible to arrange for an individual to talk to the learners at short notice which could be seen by some, to limit flexibility. She also indicated that, in some quarters, a flexible approach to learning would mean that the learners themselves would make the contact and arrangements with the 'expert'. This situation would of course prove very time consuming for learners.

The mode of study was negotiable although, as the teacher commented, this was problematic for both teacher and learner.

> *"We do it (the negotiation) at the beginning of the module and then again at the beginning of this semester and we had a whole afternoon. I think it is quite difficult for them and I think they find it quite difficult because I wasn't going to tell them. I said 'now come on, what sort of things do you want us to look at?' And I said, 'What about teaching methods?' And of course all of them would say, 'We've had enough of seminars, thank you.' I am going to talk to them again this afternoon because they'll be doing some presentations whether they like it or not. It's so easy for me to stand up and say, 'Right, we are going talk about 'x' today', and I do all the work and I get all the references, but if it's going to be meaningful for them then they need to go and seek it out for themselves, I believe. It doesn't give me an easy option. I think maybe it might be perceived from outside that somebody who organises a course like this has an easy option. I don't think it is an easy option."*

It appeared however that the negotiation on modes of study had been limited.

> *"In April we're going to be doing care of the dying which is something that I focus on as one of my topic areas. Now there is the OU Care of the Dying and I have to say it wouldn't have entered my head to have said to them, 'Would you like to do that instead?', because I know it's quite a hefty pack to work through. And I know we only have one. But if somebody said, 'Well look, I've found this and I'd really rather work through that', then I don't think I'd have any objection to them doing that. But to say, 'I'd like you to be in class if you wouldn't mind because I'd value your discussion', because I think an awful lot at this level, can be done through discussion, and try to analyse why we think the way we do and why we talk the way we do about topics and why we come with attitudes and views I think that's what important about discussing things. Anybody can look at the content of something but it's what you do with that content and how you internalise that and how that becomes part of your value system. So I suppose it's a long winded way of saying, 'Yes', if they found something they could but it hasn't arisen yet and bearing in mind it's only the second time I've done this module, like this."* (Teacher)

Learners indicated that the college library facilities were good. It was a multi-disciplinary library and learners also had access to the library in a nearby institution of higher education. Opening hours were 09.00 to 19.00 Monday to Thursday, on Friday it was open 09.00 to 17.00 and on Saturday, 09.00 until 13.00. Learners indicated that they found that there was a great deal of competition from other learners studying other modules when attempting to secure the books they required. On-line computer search facilities were available as well as facilities for word processing for the production of written assignments. Most of the learners however, had their own computers. Learners had to use the library when in the college or go in their own time. One learner had negotiated study time during her clinical placement.

> *"What I've done on the placement that I'm on at the moment, I've negotiated study times so that I can come and use the library, we're not paid for unsocial hours so I am not going to work lates and weekends when I'm not going to be paid for it, especially when I can learn what I want to learn during the week . . . . But I have negotiated with where I am so that I can have a day when I can come up and use the library."* (Learner 2)

The module teacher also acted as personal teacher to the learners. The teacher had an 'arrangement' with the learners and, from both the teacher's and learners' perspectives, this appeared to work well, meeting learners needs for teacher support.

> *"I give all of them my home 'phone number when they start the course and I say to them, 'It's there, that's in extreme emergencies, World War 3 breaking out, etc. If you ring me up and say I'm struggling with my essay, I may say tough, I'll see you in college, but if you really need me in an emergency it's there.' I've never had anybody abuse that. 'But I am available any time during college hours if you need me. Or if you want me to ring you at home, I will do so'. I usually say, 'Look if you want me and you can't get me just ring in and tell me where you are and then I will ring you, and if you want me to ring you at home I will do that.' So I suppose there is that. But I also feel that when I am not at work my own time is relatively precious.well, it is not relatively precious, it is precious. The students need their time as well because they're people running their own homes and everything. But I think if people really felt, as I say to them, 'if you feel you're hanging from the chandeliers then ring me'. So that's the arrangement we have."*

Summary

• The learners were able to negotiate the content of the module which they had found very useful. It meant they were able to study items and issues which were of interest to them as a group and related to their clinical practice.

• Resources such as library facilities were deemed to be good and there was sufficient flexibility in opening hours and negotiated study time to facilitate easy access.

• The module teacher also acted as personal teacher to the learners. Learners were able to contact her outside normal working hours, although in practice this was a rare occurrence.

Key issues in the management of flexible learning

• There were only five learners in this group and as a result managing flexibility was easier.

• Learners were able to negotiate the mode of study although they had not made use of this option. Flexible provision may be available to learners but may not be utilised.

Areas of good practice in the management of flexible learning

• The teacher negotiated the content of the module with the learner using the learning outcomes as the basis for the negotiation. Specified intended learning outcomes can be helpful in the management of flexible learning.

Assessment

Assessment of Theory

The module was assessed both formatively and summatively. There were four summative assessments of theory in the diploma programme, one of which was in the the 'Care of the Elderly' module. The dates and times were fixed in order to link in with the higher education institute's academic calender and assessment scheme, there was no flexibility here. The teacher had given the formative assessment a considerable amount of thought.

> *"The ENB were saying there's got to be a summative point, if not two summative points, depending on the length of course we've got when we started putting these together, so we were stuck with that. Now as far as a formative is concerned, I tried a mixture of things and I know my colleagues on the other courses are very heavily into anatomy and physiology and these sorts of things, because they are high tech. clinical courses. That's why my feeling was to say to my students, 'Do you need anatomy and physiology because we've got all the people in the world that can come and do it with you if you want it?' . . . . I'm always conscious of the amount of work that you give students and if you keep saying 'I want a 1000 word essay here', I know in my own mind I'd get bogged down I think, and I've got 4 other essays to do as well. So I've done two things this year. In the first semester I've asked them each to do a clinical incident. I purposely didn't call it critical. I know that is the correct terminology but nurses very often think of critical as being critical about something so I said clinical . . . . So I did this along with another colleague and what we asked them to do was to take a clinical incident, analyse it and apply one of the themes of the course around it. So it might be communication, it might be a sociology theme, it might a physiological theme whatever but to write that around the clinical incident and to reference it. And the idea behind that was to get them used to doing that so that when they come to write their 4000 word essay they are really doing a similar sort of thing. So each one of them has done that and they've done some very nice pieces of work. And then the second semester they're going to do the same thing agin but they are going to present the clinical incident this time. And I have said to all of them, 'You've got to find something within the second semester and it might be something that happens tomorrow it might be something that happens a week before we do the session but I am planning it quite later on into the course so we can talk about it and talk about the themes that lie around that clinical incident and talk about, if it were you, what would you have done?' So again it's bringing values and attitudes in and this is something very important in elderly care. Now OK we're preaching to the converted as far as that group is concerned but if we can get those group of nurses thinking that way then they will influence practice back at base and they're already saying that is happening. One person's saying 'They're saying to me you've changed since you've been on that course. You asked me to do this and do that and getting us doing this and the other', and I said, 'Well that's what it's about. It's not about essay writing, it's about how you can influence practice back in your own place of work'."*

The topic area for the summative written assessment was negotiated with the teacher. The learners were told that they could write about anything to do with elderly care but this was an academic piece of work which had to be research-based and properly referenced. If a learner was uncertain about a topic area, the teacher suggested he or she talked to the manager and staff in the clinical area, asking them what might be usefully studied, bearing in mind future developments in the clinical care.

All the learners interviewed found being able to choose the topic area for the written assessment generally valuable.

> *"It appeared quite woolly and you get on and do what you want to do. But that is quite nice really. Basically we have to choose a topic area that we are meant to look at and then as far as I've got now is gathering information around the topic area. (The teacher) has been quite good in that she's been a sort of bouncing board on which to throw off ideas."* (Learner 1)

This particular learner had chosen to write an essay on depression, an area of care which she felt was frequently overlooked in the elderly:

> *"It's something that I've experienced or had strong feelings about on the ward that I've been working on and so having the opportunity to look into it and look at how depression was assessed and look at various classifications I'd be able to take that back to the ward and hopefully, what I'd like to do is come up with some kind of package that other nurses can use on the ward to try and stop people slipping through the net of being diagnosed."*

The ward manager, who had studied the module himself, had had a particular interest in stroke patients. He was able to pursue this interest in his written assignment choosing to look at

> *"the psychological effects of stroke and the effect of information giving to patients."*

He had obviously gained a great deal from this study and he was now using this knowledge to educate his own staff in the management of stroke patients.

Summary

- The teacher had given considerable thought to the formative assessment process.

- The learners could negotiate the topic area for the summative assessment, which helped to ensure that it was relevant to their own needs in terms of their professional development and their clinical practice.

Areas of good practice in the management of flexible learning

- Both formative and summative assessments linked theory to practice.

- Negotiated topic areas for the summative assessment enabled learners to focus on issues which were directly relevant to their own practice and the development of care.

Assessment of Practice

There were two summative practical assessments. The assessment was based on Benner's descriptions of the stages of development from novice to expert practitioner. Although a standard assessment form was used, the learners were able to include their own particular learning objectives for the clinical placement. Learners could choose their own clinical placements but there were constraints due to competition for clinical placements from other learners.

> *Their allocations they choose. I'm in a bit of a 'Catch 22' situation because as far as I'm concerned, I'd like them to go to any ward or learning area, clinical area, whether it be a day hospital or whatever, wherever there are elderly folk. But there are these 'beings' called Diploma HE students that get in the way and of course they do two lots of elderly care. They do common foundation programme and branch and I have to fit around that which rankles a little bit with me At the beginning of the module in October my learners, and myself, sat down with the allocation officer and said 'This is what we'd like to do where do you suggest we go'? And I had some ideas and she (allocation officer) had some ideas and they (learners) had some ideas. And between us we came up with the allocations for this semester that would meet their needs. Two people opted to do some community the rest said, 'No, we don't want to bother with that. We can get visits from within where we are going', so that's fine, that's their choice. Last year I said that every body had to do community and everybody had to do mental health and I don't know why I got a bit heavy handed but I felt that was important. Because I felt it was important and hoped the learners would as well and I think they did, but this year I thought I'm going to do it differently, I'm going to allow them total free choice if they don't want to go to mental health they don't have to."* (Teacher)

This illustrates the difficulties encountered by colleges when trying to place learners, on a variety of educational programmes, in suitable clinical placements. There is a conflict of interest here of two learner groups, one group in initial education and the other post-registration learners and it is interesting to note that here the initial education learners took precedence over other learners. This raises issues of how conflicts of interest of client groups are resolved in general.

The teacher in this study clearly saw the learners to be adults and experienced nurses who were able to identify their own needs and make choices to meet those needs. However there is an example here of how difficult it can be for teachers to 'let go' of the learners. Last year the teacher had insisted that the learners undertook placements in both mental health and community areas. This year however the learners were being given a complete choice. This change had come about because the teacher had been willing to critically analyse her own beliefs and values. In addition to this, as this was the second year the module had run, the teacher may have become more confident in the learners ability to make choices. She may also have become more confident in her own ability to justify this approach to her colleagues as well as accrediting and professional bodies.

Problems could arise due to the difficulty of obtaining clinical placements.

> *Now it's interesting that one of the learners this year, we got her an allocation at one of our smaller hospitals on the periphery of (Town 1) where they have elderly people. I joined her on the first day because I wanted to make sure that we were setting the right grounds. Warning signals were starting for me that first day, I said nothing to the learner, who's very sensible about all of this, and it was the allocation officer who'd suggested this might be suitable. It was audited for learners. I saw her (the learner) on the Monday and she came into college on the Thursday and she said, 'Hey this isn't working', so we talked about it. We talked about it as a group not as an individual and the others offered suggestions of what could be*

> *done and she has decided that she would stick it for another week but then she would ring me because I said, 'If you're not getting what you want there's no point in you staying there.' Thinking to myself, God I hope I can sort this out with the allocation officer. Anyway she rang me the following day and she said, It's just no good, we've got to change. So I said 'Right finish there today, you'll be going somewhere on Monday I haven't a clue where it's going to be, but how long are you going to stay at that hospital?' She said 'I'll be here until the end of the month. So I said, 'Well hopefully I can get back to you if not give me your home number.' Went to see the allocation officer and was having all sorts of fits that day about various things, but I dealt with one of her assistants and said, 'Now look, my idea is we could go here, here and here. The student is leaving it specifically to me. See what you can do.' Anyway, I actually saw the allocation officer and she said, 'She can't go there, it's not been audited. So I said, 'Well how about (Town 2)?' and she said, 'We'll have to ring so and so.' I said, 'She'll be fine, she won't mind'. Anyway we moved her to (Town 2) and she's been enjoying it ever since and she's said it's brilliant. What a difference!"* (Teacher)

Demands for clinical placements may force educators to take decisions to place learners in areas which may not be suitable which obviously has implications for the learning experience. In this instance the teacher had monitored the situation and it had become clear that the placement was unsuitable. As a consequence another placement had to be found quickly. The initial placement had been found to be unsuitable despite the fact that it had been audited and had been identified as an area which provided a good learning environment. Changes in the management and organisation of a clinical area as well as changes in staff, may bring about a rapid decline in the suitability of that area as a clinical placement. Differences in these placements were not uncommon as the teacher explained.

> *At the one hospital it was very prescriptive, very task oriented which throws up a lot of questions I realise for the future. (Town 2) has been used to having a learner like this before, they had 2 last year. They virtually say on this ward what do you want to do, where do you want to go? Come and go as you please. Organise what you want, we're here to help you, base yourself on the ward, she's got a mentor, it's all slotted into place. And it's working well for her. I shall know more when I talk to her this afternoon but it seems to be working well. I've got another one who was also a bit iffy, but talking to her today on the telephone, that's the lass that's off sick, she said, 'No it's settled down, it's much better I'll stay there.' So I had visions of having to creep into the allocation office and saying to her, 'I've got to move somebody else.' She (the allocation officer) thinks I'm far too lenient. You see to me it's important that they get from that clinical experience what they want to do. That's the whole idea of doing it. It's an ideal opportunity to go to other places and see what other trusts do or if you work in the Rehab go and look at acute or if you work in mental health go and look at acute general, whatever."*

Differences of beliefs and values amongst college staff can affect the educational experiences of learners.

During the clinical placement, learners were supernumerary, extra to the number of nurses normally employed in the particular clinical area, and could therefore negotiate with the ward manager to work a 'shift pattern' which met their needs. One learner had chosen to work early shifts only, although most learners had opted for a mixture of early and late shifts. These following comments from the ward manager who had himself studied the module, indicated the flexibility that was available in clinical placements and the way this could be managed by a learner.

> *"Particularly I think if you're fully funded as I was then I think that it's very important to get the absolute maximum out of it and I found one of the things that I needed to do was in each placement that I did I had a session with the ward manager and I said, 'Look this is what I want to get out of this placement, this is how I want to do it. I've been quite open and flexible to try and fit in and if there's anything that you want from me then you say,' and started it off on those lines. One of the things that I didn't want to do particularly was get into nursing shifts. I couldn't see that I needed to do earlies or late shifts for what I wanted to do and so I worked 9 to 5 and there were issues brought up people said, 'Well you know what about hand over and I said, 'Well do I actually need a hand over of the whole ward if I'm looking at a patient or a group of patients, do I need to get involved with that because I've already identified what I wanted to do with these patients?' So I made it very flexible in ways, for myself, and partly if I'm completely honest to fit in with my life outside work as well.*

Whilst the notion of learners having supernumerary status is not a new one, the way this learner exercised his 'rights' as a supernumerary learner, is interesting. It would appear that few learners are willing to operate in this manner. There may be a number of reasons for this, for example learners may wish to please staff in their host clinical area or perhaps they may have difficulty in defining exactly what their needs are. This learner maximised the flexibility available to him so meeting not only his learning needs but his needs as a mature learner with family responsibilities. He had however encountered problems in the clinical area.

> *One of the problems that I found being a learner was that you had the same uniform as pre-reg students and I felt that actually inhibited my learning because at times I was unable to discuss with other staff my patient or patients because they had no idea as to what knowledge or experience that I had. So they weren't even prepared to discuss certain aspects and I wasn't included in certain things that otherwise I would've been very much included and had my opinion sought so that was quite an inhibitor, I found. So that's another reason why I wanted to get away from actually working the nursing shifts because I felt that would make me different and that would make people have to see that I wasn't somebody who was pre-registration. So that certainly I found quite important.*

There is an indication here that in this particular clinical area all learners were treated the same. They were seen as having little experience and nothing to contribute to the management of patients/clients care. Managing the flexibility that was available to the learner was one way in which he attempted to overcome this situation so he could maximise learning opportunities. There were further examples of how this learner had utilised the flexibility that was available.

> *I also changed the module in that we were supposed to do 3 hospital placements and a community placement and I ended up doing 2 community placements because again I'd said to my tutor that there was a particular area that I wanted to work in and that involved and it was to do with community liaison, discharging patients, that type of thing and I felt that it was of more benefit to me to actually stay*

> *on the community. So I discussed it with my tutor. Whilst that had never happened before it didn't pose a problem and it worked out very well for me. And again I was attached to a Health Visitor and I needed to be quite clear with her as to what I needed to get from the placement. Partly because she hadn't had a post-reg.nursing learner with her before and partly because I felt that was important for me to actually be able to focus on what I wanted to do rather than just perhaps look at other aspects or have an overall picture of what a Health Visitor does."*

There was a 'tripartite' approach to both the learning in the clinical area and the practical assessment. The teacher felt that working with the learner and the learner's clinical mentor was important. The three individuals would meet and discuss the learner's progress, and experiences during the placement. The assessment form could be 'customised' to meet the individual learner's needs by the addition of learning outcomes. The assessment form included an element of self-assessment and learners met ,on a regular basis ,with their mentor and discussed their progress.

The college operated a mentor preparation programme for those qualified nurses who were acting as mentors to the learners. The nurse teacher's visit to the clinical area provided an opportunity for supporting the mentor, should there be a need. These visits also helped to ensure that there was a line of communication between mentors and the teacher.

Summary

- Learners were able to negotiate their own clinical placement to meet their individual needs. Areas in which they had to work were not specified. 'Competition' from learners on other programmes often caused difficulties in securing suitable placements.

- Learners who were clear about their needs and what they wanted from the module and the clinical placements were able to maximise the flexibility that was available.

- The clinical placement assessment form was based on the work of Benner (1984). Although this form was standard for all learners, they were able to add additional learning outcomes which would meet their own particular needs.

- The college arranged mentor development workshops to prepare qualified members of staff to act as mentors to learners in the clinical area. The teacher visited each learner in their clinical area and met with the mentor. This meant that any difficulties could be discussed by the learner, mentor and teacher, as well as helping to facilitate good communication between the the mentor and teacher.

Key issues in the management of flexible learning

There are a number of issues about the clinical placements.

- The process of allowing learners to secure their own placements requires careful management.

- Demand for clinical placements can create conflicts between learners. College staff need to be very clear as to how these conflicts are to be resolved.

- Changes within clinical areas can affect the suitability of the areas as a clinical placement and the audit process and its credibility requires careful consideration

- Learners who are prepared to take responsibility for their learning and know what they want to achieve from studying a module/programme, are better able to maximise the available flexibility.

- Differences in the understanding of supernumerary status by both learners and practitioners can affect the learning experience in the clinical area.

- Learning opportunities can be denied the post-registration learner if practitioners are unable or unwilling to recognise/accept that learner as a qualified nurse.

Areas of good practice in the management of flexible learning

- The learning process in the clinical area is complex and difficult to manage, particularly when learners are funding themselves. The tripartite approach adopted here is good practice in the management of the process.

Evaluation

Both written and verbal evaluation data were collected at the end of the module. Verbal evaluation was sought from learners, their mentors, members of the module planning team, the teacher and the senior education manager. There was also a written evaluation which the learners completed. A report was then written by the teacher using all available data and this was submitted to the institute of higher education.

As evaluation of the module had not taken place at the time of the case study, the learners were unable to make any comments on the process.

During the interview with the teacher it became clear that aspect of flexibility within the module were evaluated. Learners for example had the opportunity to negotiate the content of the module and there had been an interesting comment from the previous learners.

> *"We can't argue with the content, we chose it, so there is no point in us complaining about that."*

Summary

- Both verbal and written data were collected for the evaluation process. At the time of the study the module had not been evaluated and therefore the learners were unable to comment on the process.

Key issues in the management of flexible learning

- The purpose of the evaluation needs to be made clear in flexible modules/programmes. That is, the evaluation cannot be viewed simply as an opportunity for the learners to complain about provision. Such an interpretation suggests a teacher-dominant/learner passive teaching and learning style which this module, through processes such as negotiation of module content was seeking to avoid. Where there is negotiated flexibility, evaluation needs to be seen much more as a collaborative activity.

- There is evidence here of collaborative evaluation between teacher and learner reflecting a professional development evaluation model.

The impact of flexible modes of learning on educational experience and achievements

Learners reported that the flexibility of the module had impacted on their educational experience and achievements. Without the flexibility of starting times of study days, one learner indicated that she would have found it difficult to study the module and meet the needs of her family. Negotiated content of the study days had meant that learners were able to study topic areas which were both of interest to them and relevant to their practice.

The ward manager, had had an interest in strokes and had studied this as a theme throughout the module. He was now more aware of the information needed by both stroke victims and their relatives and had established a teaching programme on this topic, for his staff. This learner had also been able to negotiate time with nurses and health visitors in the community. This experience, had made him very aware of the need for good communication between hospital and community staff at the point of transfering of a patient back into the community. Again, he was able to use this knowledge to make his own staff aware of the importance of good practice in this transfer process.

Ward manager 1 felt that the flexibility in the module had had an additional impact on her member of staff.

> *"It's noticeable that it's matured her and made her more confident. I don't think that her knowledge base has increased that much significantly but it's developed her as a person and if there are problems we all go and ask this particular nurse how to go about doing things and she can advise us in many ways. Where to find out if we don't know things like that it really has developed this person. Things which perhaps the Project 2000 nurses are having automatically with their different sort of training so it's filled a big gap really."*

During the module, the learner described above had taken the opportunity to work in different clinical areas, and so encountering different practices. In one clinical area in particular support staff had been employed in a dual role. They undertook domestic and housekeeping duties and then they changed their clothes at meal times and helped serve the meals. The learner had taken this idea back to her ward manager, who liked the idea, and discussions were currently taking place with the chief executive of the hospital management team, with the objective of introducing this scheme to the learners own clinical area.

Summary

- Without the flexibility of starting times of study days, one learner indicated that she would have found it difficult to study the module and meet the needs of her family.

- Negotiating the module content meant that learners were able to study topic areas which were relevant to them and their clinical practice.

The purpose of making learning more flexible

Practitioners and education staff agreed that the purpose of making learning more flexible was to make continuing professional development more attractive to nurses.

> *"To enable more people to be able to further educate themselves and for people to be able to actually get the most out of the module by not being constrained to a certain time and so on. Also I think like*

> *with my module one of the things that I wanted to do was to actually work beyond a late shift because one of the problems that one of the patients I had was to do with night time so I had to actually be there in the evening. So from that point of view it helped me to be able to actually deal with what I wanted to do without being instructed by set times to be working."*
> (Ward manager/learner)

The flexibility that this learner spoke of enabled him to take advantage of a learning opportunity which he might not otherwise have been able to do.

> *"The purpose is to make it more attractive to both students and also, the purchasers of our courses which are the trusts, and also Region, at the moment, while Region exists. And also for those people who purchase independently. We always talk about treating students as adults and that sort of thing but in reality if you look at our modules in the past they were very didactic. They were very teacher centred and we told the learners what they did and we weren't meeting the needs of those people. I can speak about it from my own point of view I did the ENB 298 nearly 5 years ago now, I mean 10 years ago, and we did this, this, and this; you went on this, this, this and this placement; you were assessed this, and this way and that was it."* (Education manager)

Flexibility for this manager meant using adult education methods and offering learners choices.

The senior education manager indicated that the purpose of flexible learning was to develop or foster flexible practitioners who were able to cope with the rapid changes in health care.

> *"It's about both personal growth and development and also about providing practitioners that can actually cope in that work out there of health care and they are coping in a world of rapid change where health care needs are changing so services are changing and they've got to flow with it and they've sometimes got to be the prime movers and developers and they've got to keep moving practice forward and I think if you get the flexible attitude into learning you can get the flexible attitude into the way they practice, hopefully anyway. So I would say the ultimate goal is through the education of a practitioner, better health care, otherwise there's no point in doing education in the first place."* (Senior education manager)

> *"Well I think the purpose is to make continuing development more attractive to people. I think certainly we look at the budgetary constraints we have it is difficult for people to actually take the decision to leave and do a full-time module, you know, will they be able to get their job back again, that sort of thing. So being able to make it more flexible is more attractive I think. And also perhaps to fit in with the needs of the service as well as other people aren't necessarily away from their work for long periods of time. But it sometimes has an adverse effect in that nurses are trying to cope with their job, their family, their studying, with sometimes a minimum of support and it's not always possible in an operational world to actually give them support as well not that the amount of*

> *support that perhaps they need. So it's not always easy, nursing."*
> (Clinical manager)

For this manager, the purpose of making learning more flexible was complex. Trusts no longer had the finances which allowed them to second nurses onto education programmes. This situation meant that nurses would be forced to resign from their jobs in order to study full-time programmes. Flexible learning changed this situation and offered nurses the opportunity to study part-time and continue to work full-time in the clinical areas. Clearly this met the needs of the trusts as they did not have staff absent from clinical areas for long periods of time. The manager was however conscious of the added stress to a nurse who was working full time and trying to study. Often the support from the college for nurses on study programmes was minimal and it was not always possible to provide support for these nurses from within the clinical area.

Summary

- Practitioners and education staff agreed that the purpose of making learning more flexible was to make continuing professional development more attractive to nurses.

- Flexible learning meant that learners did not spend long periods away form their clinical areas and this met the needs of the trust. However, flexible learning placed additional stress on a nurse who was studying an education programme, and working full-time.

Key issues in the management of flexible learning

- Working full-time and studying part-time places additional stress on a practitioners/learners. This may affect his/her performance as a learner and as a nurse.

- Effective learner support systems are necessary for flexible learning.

Management of Flexible Learning

Two years previously, the college had appointed a nurse manager to co-ordinate open and flexible learning. Whilst the manager's remit covered both pre- and post-registration education, she had no direct management responsibilities for curriculum development or staff development programmes. A budget of £5000 had been allocated, which was mostly used for the purchase of open learning materials. The manager worked completely on her own with, apparently, very minimum support.

> *"Lot of autonomy, I can do what I want. And how I work is, I work with introducing ideas to nurse teachers and learners. However I focus on those who are enthusiastic. What I discovered after a while of being in the job was that actually people wanted me to define what I meant by flexibility. And until you've done that they are not exactly sure where you come from. We have a group in the college, a flexible learning forum and in fact what we ended up adopting was the educational philosophy of the nurse education department which talks about life-long learning, about treating the learner as an adult and about them, the learner, as an adult and about them taking responsibility for their learning. So it's a fairly broad thing and again I think it helps encompass my interpretation of flexibility which is very broad. I mentioned it earlier on that I worked with those people who are particularly enthusiastic in relation to flexibility but in fact I'm beginning to move on from that through discussions with other people who've been involved in the same sort of thing. And so I've actually held study sessions and*

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> *study days for staff to introduce them to what we mean by flexible learning and also looking at ways of making the programmes more flexible and also introducing them to materials that they can draw on to utilise maybe in their programmes."* (Education manager)

In the opinion of the senior education manager, flexible learning was something that had

> *"crept in."*

The college had not provided any staff development for those teaching post-registration programmes to enable them to consider the notion of flexible learning. The senior education manager commented that the concept of the adult learner could be seen to promote flexible learning but there were no written policy statements. Becoming more flexibility had affected the teachers workloads.

> *"Well I think what has happened is it has pushed up the workload.. You can have a programme now where the teacher has got half her learners placed here and there so they are travelling distances and this may mean that they've got to spend one day dealing with one learner going to see them. They don't often get out there all that many times during the programme and the learners are coming here on their study days and blocks anyway but you have to keep the contact with the clinical area to make sure the facilitation for learning experience is OK. And I think this puts more pressure on teachers and increases their workload. I must admit I've had very few complaints from them about it. At IPR (individual performance review) we talk about how the workload has gone up and so long as they get acknowledgement of it and they get their travelling expenses I think that they're tolerating it. What they might do is say well actually what I don't do any more is this and you may find that they feel that another part of their role is suffering and they may say well you know I'm not so thorough in my lesson prep in updating it because I haven't got the time. I'm not reading like I should. I'm not going on conferences and study days and things because I'm not attending meetings, but meetings are the first thing that go and I'm not reading the mountain of paper that lands on my desk, I'm just getting my head down and covering things and I think you have to be careful about not overloading staff."* (Senior education manager)

When new staff were recruited or staff replaced, the college 'took stock' of existing skills and knowledge within the team. Workload was also considered, particularly in terms of the effects of increased flexibility of provision. The teachers were all prepared to work flexibly and were expected to have to take on 'new' aspects within their role. However, specialist knowledge was still paramount. For example, if a member of staff resigned who was, say, the expert in renal nursing, they were replaced by someone with this specialist area of knowledge.

Summary

- The college had demonstrated a commitment to open/flexible learning by employing a manager whose remit was to develop open/flexible learning within the college.

- There were no written policy statement about the parameters of flexibility of provision of education programmes and flexibility as a concept had appeared to have 'crept' in as an approach to educational provision.

- The role of the teacher in nurse education was changing and teachers were expected to become flexible in their work.

Key issues in the management of flexible learning

- There had not been staff development programmes which focused on the development of flexible learning and flexible learning as such had 'crept in'. There are important management issues here. For example do teachers share a common understanding of the term flexible learning? Is flexibility constrained by the existing management approach to education within the college? Are the management processes, necessary for flexible learning, in place within the college. As learning becomes more flexible the management of the process needs to become more rigourous in order to ensure learners are not disadvantaged and the quality of education experience is not lost.

- Increased flexibility results in increased workload.

- If a college decides to adopt flexible learning, the process needs to be resourced.

Flexibility within curriculum content and assessment

Teachers who were responsible for post-registration programmes had a considerable amount of autonomy. The curriculum and accreditation documents for the module provided a framework for flexibility as did policies on such issues as equal opportunities, recruitment and assessment strategies. It was clear however that the extent to which a teacher was autonomous, was influenced by the level of autonomy that teacher demanded, exercised and/or was prepared to accept. For example, the teacher interviewed offered considerable flexibility to the learners but was prepared to be called to account for those judgements. The senior education manager held monthly meetings where issues of concern could be raised and discussed by the teacher. In addition she was available at other times indicating that she operated an 'open door' policy. She considered that support was there if the teachers needed it. However, managing teachers who were involved with flexible learning had not proved easy.

> *"Sometimes it is quite difficult to pick up actually because you don't always know what they're all doing and sometimes they, in ignorance, stray and you can find things out accidentally because you don't know what questions to ask them. There was an incident which happened last year. We had a new programme validated and this was the first time this teacher had done a clinical programme and had not appreciated the status of the clinical assessment. He thought it was formative when it was summative and the learners hadn't been made aware that it was actually summative and that was partly my fault for not realising that teacher might interpret it that way. I mean he'd been fully involved in the planning and in the way we talked about the assessment and so forth but I'd just made this assumption that it was clear."* (Senior education manager)

Overall, the education staff considered that ENB modules and programmes were becoming more flexible. There were less constraints placed upon the college by the ENB which had meant that the college could be more flexible in a number of areas. For example at one time it had not been possible for learners to study ENB modules if they worked part-time. However the ENB had now changed this ruling and this had enabled the college to offer programmes to nurses working part-time.

Summary

- Flexibility operated within the framework of the curriculum and the regulations of the validating bodies.

- Managing teachers who were involved in the delivery of flexible programmes was not easy.

- The ENB regulations concerning the provision of continuing professional education were becoming more flexible and this in turn enabled the college to provide more flexible programmes.

Key issues in the management of flexible learning

- The definition of the parameters within which flexible programmes operate needs careful consideration and definition. Without a clear statement of the limits of flexibility, the module could deviate from its original aims.

- Regular meetings between the manager and teachers to discuss practice would appear to be important for control/monitoring purposes as well as for staff development purposes.

- It can be argued that as provision becomes more flexible, the management of the process needs to be more structured and robust. There is a case for saying that management control at the centre needs to be 'tight' if control at the periphery (that is the teaching and learning interaction) is to be 'loose'.

- Professional and validating bodies place constraints upon flexibility which are not always helpful.

Communication between the trust and the college of health studies

Communication between the trust and the college of health studies operated on two levels.

Firstly, there was communication through the formal contracting arrangement, a process whereby the region asked the trusts for their demand forecasts. These forecasts then formed the basis for the contract for the provision of continuing professional development for the following year. Prior to the region's request for forecasts from the trusts, the college would actively remind the trusts what they could offer, including new programmes which had been developed. Before the contract was signed by region there may or may not have been some discussion with the college. However the process had not really worked well. Often trusts were unrealistic with their forecasts and the college could find that it was expected to deliver a module or programme for two people only. This situation was about to change with the development of a purchasing consortium of the trusts. In addition to this the college's incorporation into higher education would also have implications for communication with trusts and the contracting process.

Secondly, there was also communication with the trusts at a local level. The principal and vice principal of the college and the chief nurses within the trust met on a monthly basis. At this meeting the continuing professional development programme, offered by the college, was discussed. It would be at this meeting that the college would learn of the needs of the trusts and of the need for new education programmes. Other issues were also discussed at this meeting, including those which related to the relationship between the college and the trusts. In addition, there was education manager representation on the local trusts nursing advisory committees.

On occasions, individual clinical managers and clinical staff would contact the college and request a module or programme on a topic which was currently not offered by the college. However, before any such programme would be developed, the matter was referred back to the chief nurse within the trust for his/her sanction. The college was aware that to date, region had only funded ENB 'numbered' modules/programmes and this was why the college currently offered a fairly comprehensive range of ENB modules. From the college's point of view however it was important to establish the demand for a new module or programme and to ensure that if such a programme was created, the trusts recognised the implication for them in terms of, for example, support in the clinical areas. The college had not undertaken a 'formal' needs analysis for continuing and professional development but PREP (2) was beginning to have the effect of 'concentrating the minds of practitioners' and there were regular enquires about what the college could offer practitioners for their continuing professional development needs.

Most of the local trusts in this area had training departments but there was a limited amount of collaboration between these departments and the college. From the college perspective the training departments were seen as

> *"very protective of what they do. They see us as competition, they're not often into sharing"* (Senior education manager)

The college had collaborated with one trust in particular on the ENB programme entitled 'Back to Nursing'. This had been a joint approach which was working very well. In addition a number of practitioners were asked to teach on programmes offered by the college. Those involved in this way were often individuals who had a particular expertise in an area of nursing and who enjoyed the contact with learners. The college however was no longer situated on an acute hospital site which meant that such practitioners had to travel, taking additional time out of their working day. Whilst they were happy and enthusiastic to continue in this way, the question of financial remuneration for their time and travel was beginning to become an issue.

Whilst the clinical manager felt there was a reasonable relationship between the college and the trust, she indicated that there should be more consideration given to modules and programmes which complemented the learners clinical responsibilities. There should be more emphasis on time spent in the clinical area. From her point of view, it was becoming increasingly difficult to release nurses from the clinical area for continuing professional development. The clinical manager considered that the college did not necessarily offer what her clinical unit needed and in this sense the college was not meeting the needs of the real world. She also commented about the need to use different teaching and learning methods because individuals learned in different ways. The clinical manager considered that there should be an assessment of the learners' needs before they accessed a module/programme. In addition, although she acknowledged that there was communication at a senior level between trust and college, she felt that more time and attention should be given to dialogue at her level because she really knew what was needed. It is interesting to note that whilst this manager indicated that she had a good working relationship with the module teacher she had little insight into the module itself. This situation could have arisen for a number of reasons but perhaps may be an indicator of the true level of communication between trust and college.

The senior education manager felt that the trusts had had a positive affect on flexibility.

> *"I think one thing that's affected flexibility positively in some ways has been the trusts and the internal market, because I don't think HE can just sit there any more and say this is our programme take it or leave it. They have to go out there with us and talk to the trusts and say what do you want and we'll give it to you. Obviously using sound educational principles but I think the trusts want much quicker response time in terms of delivery of programmes. They want programmes to be adapted much more quickly, they haven't staff development needs that are going to be finite and then change to something else in a few years time and this is the sort of thing*

> *they want in terms of flexibility of programmes on offer and I think they certainly want flexibility in terms of delivery because they cannot go on releasing staff for study days all the time in the way that they used to and they can get much more staff through programmes if we're flexible in delivery."*

The following comment by the education manager illustrates the changes in the relationship between college and trust as a result of the changes in nurse education and health care provision. Here also, is an example of the powerful positions that trusts now hold as purchasers education.

> *"The trusts are actually involved in the planning of courses. We also, prior to the amalgamation of the various schools of nursing and midwifery, radiography and physiotherapy, were actually based in the trusts and within (TOWN 1). So we'd always had those links and in fact we'd worked quite closely with people. Then there was this tremendous cultural shift and initially, when we came to one site, I think the trust felt we'd deserted them and left them. And I think they were right in some ways. There was a removing of our involvement with them and I think we didn't really appreciate the importance of identifying what their needs were and meeting their needs in relation to post-registration courses, whereby the trusts said, 'Well I'm sorry you're not meeting our needs. You're not being flexible enough,' and they actually approached another organisation to meet the needs of their staff because they were seen as being more flexible. And this I think, really shook us and we realised that we needed, well, yes, we do need the trust because unless we're having people coming on our courses, particularly when the regions are disbanded in '96 and money then gets devolved down to the trusts which is what is presumed will happen, if we're not meeting their needs, we're not going to have the bums on seats and therefore teachers aren't going to have their jobs. So as a result of that we've made changes and we forged our links and basically in relation to the post-registration courses, the specific, it was one trust it was (TOWN 3) health care trust who pulled out and they are involved in the re-validation of our courses and they have said, 'If you make them more flexible and meet our requirements then we will come back to you with a provisional yes and so I think it was a very necessary thing. I think we were too blasé in assuming the trust would send their staff on our courses."*

Summary

- Communication between the college and the trust operated on two levels. Firstly, there was communication through the formal contracting agreements, and secondly at local level, there was communication between the principal and vice principal of the college and the chief nurses within the trusts.

- Most of the trusts in the area had their own training department but there was little if any communication or collaboration between these departments and the college.

- The clinical manager from the trust felt that the provision of continuing professional development should place more emphasis on clinical work and time spent in the clinical area.

- The changing relationship between the college and the trust as a result of the internal market had affected the flexibility of educational provision.

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Key issues in the management of flexible learning

- It is incumbent on colleges to offer modules which are relevant and ensuring this relevance of provision requires constant dialogue between the college and the trust. The provision of relevant learning experiences is a crucial purpose of flexible learning.

Areas of good practice in the management of flexible learning

- Communication took place at a number of levels for example at an institutional level and at an individual level also. This ensured that collaboration in provision ensured.

Notes

(1) G grade nurses are very experienced practitioners.

(2) Post-Registration Education and Practice sets out the requirements for professional updating.

References

Benner P (1984) From novice to expert: Excellence and power in clinical nursing practice Addison-Wesley, California.

Case Study 5

Introduction and background

This case study, which took place in a trust, was undertaken during February and March 1995. The trust maintained close links with a college of health studies within the region and the programme studied here, was managed and delivered by this college.

The college offered the ENB higher award and modules and programmes were CATS-rated by a local university. The college had adopted a modular system. Modules could be accessed as 'stand alone' modules or as a pattern of modules together which made up a programme or a pathway. A number of modules were common to the different pathways. This system offered learners a framework for continuing professional development which enabled them to gain more than one professional award within a pathway. For example, those learners undertaking a conversion pathway from level 2 to level 1 would also access the advanced level modules of the 'Advances in Care of the Adult Client Group' pathway. They could therefore be credited with this award and should they wish, could continue to study to diploma and degree level by undertaking further modules at the relevant level.

The focus of this study was a pathway. Pathways were made up of a number of modules. As there were broad similarities between modules within pathways and between pathways, the individual modules are not explored. Two pathways were studied

The Adult Pathway (A24/A25) which incorporated the ENB A24 programme, 'Advances in Medical Nursing'; the ENB A25 programme, 'Advances in Surgical Nursing' and the ENB 923 programme, 'Developments in Nursing Care'. With specialist modules which met the European Community requirements, Part 2 registered nurses were able to use this pathway to convert to Part 1 registration. However, it was also used by nurses already on part 1 of the register as continuing professional development as the pathway incorporated the modules 'Advancements in Medical/Surgical Nursing' and 'Developments in Nursing Care'. This meant that first and second level nurses studied alongside each other on this pathway.

Developing the Accountable Practitioner Pathway : An Advanced Pathway for Midwives (A26) this was an advanced programme for practising midwives.

Flexibility and its management within the 'The Adult Pathway' are reported first, followed by a report on the pathway 'Developing the Accountable Practitioner.'

The Adult Pathway (A24/A25)

Details of the pathway studied, taken from documentation provided by the college, are given below.

ADVANCES IN CARE FOR THE ADULT CLIENT GROUP

(MEDICAL OR SURGICAL FOCUS A24/A25).

ENB 923 IS ALSO ACCESSIBLE ON THIS PATHWAY

Pathway Plan

The total length of the pathway is 42 taught days, organised into six modules, three core (dedicated) of which the Research Module will be integrated and two optional (students choose from a directory). Each module normally runs over 8 weeks and each is free-standing. The pathway runs over a 30 week period.

Core Modules

Module 1 : Professional Development
Module Code: AP PROF D/10(92)

Module 2 : Research Awareness - Analysis of Practice
Module Code: RE REAWA/10(93) (integrated)

Module 3 : Health Promotion
Module Code: AP Prom - 2/10/(92)

Optional Modules

Module 1 :)
Module 2 :) Self-selecting from a directory

Within the total pathway time of 42 taught days students remain in their area of employment and focus and reflect the module aims and outcomes (see module documentation for details).

Fifteen days educationally lead placements are a requirement to meet ENB 923 outcomes.

Credits

Seventy advanced level credits from the University
(ten for each core module studied, twenty for each optional module studied.

ADVANCES IN CARE FOR THE ADULT CLIENT GROUP

Entry Requirements

Applicants must:

- be Registered Nurses on Parts 1, 2 or 7 of the Professional Register of the UKCC;
- be supported by their manager.

Aims of the Pathway

- General

The pathway aims to facilitate and enable the professional development of nurses and other professionals involved in caring for the adult patient/client by increasing their knowledge, understanding and practical skills, developing a positive attitude towards and heightening awareness of current practice and research.

To provide course participants with the opportunity to:

- facilitate informed care for the adult client group which reflects client need, honours partnership and reciprocity in care, and has due consideration of relevant research and legislation supporting that care provision;
- apply knowledge and critical judgement skills when assessing clients within the adult group;
- use knowledge to enhance care developments and influence the practitioners clinical judgements, decisions and actions;
- critically examine changes to client care, stating rationale for same and evaluating the effectiveness of change, using approved methodology;
- enhance clinical practice, demonstrate comprehension and application of autonomy to practice, advocacy, client autonomy and self-empowerment;
- utilise various methods of assessment to determine the degree of personal and professional development;
- provide professional educational opportunities for nurses working in adult care setting.

ADVANCES IN CARE FOR THE ADULT CLIENT GROUP

- Specific

- ENB 923: To update experienced Registered General Nurses on developments in adult nursing care.
- A24 - Medical Nursing: To enhance the Registered Nurses knowledge and analytical skills in medical nursing in order to raise standards of assessment, planning, implementation and evaluation in the specialised medical nursing care of adults and to give support to relatives and staff.
- A25 - Surgical Nursing: To enhance the Registered Nurses knowledge and analytical skills in surgical nursing in order to raise standards of assessment, planning, implementation and evaluation in the specialised surgical nursing care of adults and give support to relatives and staff.
- fulfil ENB Framework and Higher Award Outcomes (for core modules) 1.1, 1.2, 1.3, 1.4, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.2, 4.3, 4.8, 6.1, 6.2, 7.2, 9.5.

Dates of Pathway - January, May and September 1995

CONVERSION FROM LEVEL II TO LEVEL I OF THE PROFESSIONAL REGISTER OF THE UKCC VIA THE ADULT PATHWAY.

INCORPORATES ENB 923, A24 OR A25.

Pathway Plan

The Module/Pathway is facilitated within the Framework for Continuing Professional Education for Nurses, Midwives and Health Visitors. The Pathway is not less than 52 weeks and contains not less than 1,533 curriculum hours exclusive of leave of any kind.

This Pathway is planned on a day release basis. Students will be required to attend the College to study the modules. Each module will run over a 7.5 week period. Students will be offered the opportunity to study access modules according to individual need prior to entering the Pathway and who identify through their portfolio deficit in:

- learning and study skills;
- interpersonal skills;
- social and behavioural sciences;

Experience is gained through the use of open learning packages based upon published materials with some tutorial input.

EEC requirements for level I registration status need to be met in Community Care, Care of the Mother and Newborn, Mental Health and Learning Disabilities. Experience is gained by Open Learning experiences based on published learning packages with some tutorial input.

Adult Pathway Core Modules

Module 1 : Professional Development
Module Code: AP PROF D/10(92)

Module 2 : Research Awareness - Analysis of Practice
Module Code: RE REAWA/10/93 (integrated)

Module 3 : Health Promotion
Module Code: AP HEdH PROM 10(92)

Optional Modules

Module 1)
Module 2) Self-selecting from a directory

Educational lead placements are a requirement to meet ENB 923 outcomes.

CONVERSION FROM LEVEL II TO LEVEL I OF THE PROFESSIONAL REGISTER OF THE UKCC VIA THE ADULT PATHWAY.

Credits

Twenty-five pre-foundation level credits for the successful completion of the three access modules.

Fifty foundation level credits for the successful completion of the special experience modules.

Seventy advanced level credits for the main Pathway.

All credits are supported by the

Entry Requirements

Candidates must:

- be Registered Nurses on Part 2 or 7 of the Professional Register of the UKCC;
- previously not unsuccessfully completed RGN training;
- in contracted employment of not less than 20 hours per week, within an existing training area approved by the College;
- be supported by their Manager.

Aims of the Pathway

This Pathway exists to enable suitably qualified Enrolled Nurses (General) the opportunity to develop their existing knowledge, skill and expertise to practice as a competence level 1 Registered Nurse, upon successful completion of all modules.

To provide course participants with the opportunity to:

- change the professional focus of the student;
- develop existing knowledge and widen the theoretical knowledge base;
- ensure that experience is gained in those areas not included in the Enrolled Nurse course or subsequent courses in order to meet the EEC directives;
- enable the student to achieve the competencies stated in Rule 18(1) in the Nurses, Midwives and Health Visitors Approved Order 1983;
- fulfil ENB Framework and Higher Award
  Outcomes: 1.1, 1.2, 1.3, 1.4, 1.7, 1.8,
  2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.3, 3.4,
  3.5, 3.6, 4.1, 4.2, 4.3, 4.8, 6.1, 6.2,
  7.2, 9.5.

Dates of Pathway

January, May and September 1994. Special experience module\pathway will commence not less than three months prior to the main Adult Pathway dates.

Professional Development

Module Code: **AP-PROF D/10(92)**

Module Plan

This Module is normally run over a 9 week period and there are 7 taught study days. The module allows for 42 hours teacher contact and 33 hours study and reflection. A wide variety of teaching methods will be used.

Credits

Ten advanced level credits from the

Entry Requirements

Applicants must:

- be Registered Nurses on an appropriate part of the Professional Register.
- have a minimum of six months post registration experience,
- be supported by their manager.

Aims of the Module

The Module enables the student to:

- understand and practice with an awareness of the legal, ethical, socioeconomic and organisational aspects of care and health policy;
- understand concepts of autonomy and advocacy, promote client autonomy and self empowerment;
- exercise professional accountability and responsibility including the actions of others for whom they are responsible;
- maintain competence and improve professional knowledge and expertise by identifying learning needs and evaluating professional development
- develop a quality environment to enable the delivery of a standard of care which will meed the professional values of

nursing, midwifery or health visiting;

- Fulfils ENB Framework and High Award Outcomes 1.2, 1.3, 1.8, 2.5, 9.5.

Assessment

This Module will be assessed in theory and practice. The written assignment of not more that 2,500 words will critically evaluate an incident related to professional issues within the workplace.

Practice will be assessed by reflection, analysis and discussion of practice.

Research Awareness - Analysis of Practice

Module Code: **AE-REAWA/10(93)**
(From University of Huddersfield)

Module Plan

This module allows for 30 hours teacher contact and 45 hours of personal study and reflection. A wide variety of teaching methods will be used.

Credits

Ten Advanced level credits from the

Entry Requirements

Applicants must:-

- be a Health and Social Care practitioner with an appropriate qualification, and relevant experience;
- registered Nurses must have a minimum of six months post registration experience in hospital;
- be supported by their manager.

Aims of the Module

The Module enables the student to:

- use knowledge of the principles and practice of research to create an environment where research awareness and an analytical approach to client care and health issues are valued by all staff;
- plan, implement, monitor and evaluate changes in care resulting from research perspectives and ideologies of health education/health promotion;
- fulfil ENB Framework and High Award Outcomes 3.1 and 3.5.

Assessment

This module will be assessed formatively through the development of a reflective learning journal and will be summatively assessed.

Health Education/Health Promotion - Principles and Practice

Module Code : **HAH-009/UOH(93)**

Module Plan

The module allows for 30 hours teacher contact and 45 hours personal study/reading and reflection. A wide range of teaching methods are used.

Credits

Ten advanced level credits from the University of

Entry Requirements

Applicants must:

- normally the student will be a Health or Social Care practitioner with appropriate qualifications and relevant experience;
- Registered Nurses must have a minimum of six months post registration experience;
- be supported by their manager, unless self funding.

Aims of the Module

The Module enables the student to:

- ▣ To acquire knowledge of contemporary models and approaches to health education/health promotion.
- ▣ To examine the debates and controversies which exist within and between different perspectives and ideologies of health education/health promotion.
- ▣ To examine the relevance of health education/health promotion theory to differing professional roles.
- ▣ Fulfils ENB Framework and Higher Award Outcomes 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 7.1, 7.2.

Assessment

Produce an essay of not more than 2,500 words discussing the ways in which differing perspectives and models of health education/promotion might influence their personal and professional role as a health educator.

Planning and history of the pathway

The pathway had been planned approximately two years ago by a planning team which consisted of members of the college staff, practitioners who had specialised nursing knowledge and managers who represented the trust.

Collection of Data

Data were collected from six individuals.

Education manager - responsible for the management of the A24/25 pathway and a member of both the planning and management teams for the pathway.

Teacher - responsible for organising and delivering the A24/25 pathway.

Learner 1 - a staff nurse who was working in an acute surgical care area. She had worked in this area for the past two years and prior to that she had worked in an acute medical care area for five years. She had been persuaded to move clinical areas by the trust who required an E grade staff nurse in the surgical area. At first she had not been very happy with the change of clinical area but now she really enjoyed the work.

Learner 2 - started a nursing course in the 1960s but left to bring up her family and did not complete it. When she returned to nursing, she worked for a short while as an auxiliary nurse in the intensive care unit. She studied to become an enrolled nurse and worked in this role for some time. Recently she had studied the A24/25 pathway and had converted from a level 2 to level 1. She was now studying to gain a diploma.

Clinical manager - had worked in the trust for the past six years and was responsible for the management of the surgical directorate. This included management of both medical and nursing staff and budget control. This clinical manager had been part of the planning team.

Ward manager 1 - responsible for the nursing practice in the intensive care unit, day care unit and the operating theatres. She was responsible for identifying the training needs of nursing staff and organising in-service programmes to meet those needs.

Due to illness it had not been possible to carry out a face-to-face interview with one of the individuals. She was subsequently interviewed by telephone. (1)

Questionnaire data

The dimensions of flexibility reported by the education manager in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..

Name of contact person...

Telephone number...

Title of module/course..

Is this a module or course? Please indicate with a tick. Module ☐ Course - MODULAR ☑

If module, please indicate level........ADVANCED 2/3..............................

Total number of hours of learning for ~~module~~/course.....DEPENDENT ON OUTCOME AND STUDENT NEEDS.

CATS-rating.....DEPENDENT ON OUTCOME & STUDENT........

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision		
Provision of module/programme		
1. Module/programme only runs when a minimum number of students have enrolled	✓	
2. No minimum number of students for the module/programme to run		
Location of module/programme		
1. The institution offers this module/programme at one location only	✓	*
2. The institution offers this module/programme at more than one location		
Time of the module/programme		
1. The module/programme is offered outside normal working hours		
2. The module/programme is offered outside of normal working hours, on weekday evenings only		
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only		
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends		
5. The timing of the module/programme is negotiable to meet the needs of the individual	✓	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	✓	
Module/programme choice		
1. Module/programme the only option at a particular time		
2. Module/programme always offered as one of a choice of the same group of modules	✓	**
3. Module/programme offered as one of a choice of a different group of modules on each occasion		
Range of mode of study		
1. Learners can select any one of a wide range of modes of study		
2. Learners can select any one of a limited range of modes of study		
3. Learners are able to negotiate to use a mode of study of their choice	✓	
4. Mode of study specified by the teacher, institution or external agency		

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

* It is planned to run the programme from a second site in Sept 1995

** Some modules core, others optional the later can be offered to individuals within one cohort ie different modules studied by different students within one cohort.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING		
Content of the module/course		
1. Content specified by the teacher, institution or external agency	✓	
2. Narrow choice of content		
3. Wide choice of content	✓	*
4. Content negotiated to meet learner's needs	✓	
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL	✓	
Mode of teaching and learning		
1. Only activities such as lecturing, note-taking and reading prepared materials		
2. Activities as above with other activities such as discovery learning, and participatory exercises	✓	
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises		
4. Only discovery learning and participatory exercises		
Resources for teaching and learning		
1. Teacher/trainer sole resource		
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	✓	
3. Teacher/trainer + other people such as specialists or peers	✓	
4. Teacher/trainer + other resources and people		
5. Learning packages of print material sole resource		
6. Learning packages supplemented by tutorial and peer support	✓	
7. Learning packages supplemented by texts		
8. Learning packages supplemented by, for example videos, CDs, computer software	✓	
Access to tutorial support		
1. Tutorial support only available within time-tabled sessions		
2. Tutorial support available outside time-tabled sessions in person and at fixed times only		
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	✓	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓	
5. Access to tutorial support restricted to working hours	✓	
6. Tutorial support available outside working hours		
Pace of progression through the module/course		
1. Pace determined by the tutor		
2. Pace negotiated between the tutor and the student	✓	
3. Pace determined by the student		

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

* for optional modules

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Shared learning E.N. Students on conversion route, RGN's undertaking either ENB 923 developments in nursing care, which is achieved by completing the first three modules of pathway (course) and RGN's undertaking the whole A24 or A25 pathway.

The use of prepared Preceptors will facilitate learning in the practice setting in addition to Practice based assessment.

Practice : Theory assessment 50:50 of overall result - both elements required to be passed.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data the following dimensions of flexibility were explored in some detail

- entry requirements
- provision of module/programme
- location of module/programme
- starting dates
- finishing dates
- mode of attendance
- content of module/programme
- mode of teaching and learning
- range of mode of study
- resources for teaching and learning
- access to teacher support
- pace of progression through the module/programme
- pattern of summative assessment of theory and submission dates
- method of summative assessment
- assessment of practice

Access and provision

There were no restrictions on the provision of the module/pathway; the module ran if only one learner wanted to study it. Whilst this had resource implication for the college this did not appear to be a problem. Typically, nurses who accessed the pathway did so because they had expressed an interest to their manager to undertake further study and had gained the support of their manager to apply to the college for a place. In some cases, at individual performance reviews, managers might suggest to nurses that they needed to be more pro-active in their continuing professional development and might well suggest that the nurse consider studying a module or the entire pathway. In order to access the pathway learners had to be registered nurses on parts 1 or 2 of the Professional Register of the United Kingdom Central Council and to be supported by their managers.(2) A prospective learner was interviewed, apparently very informally, by his/her ward manager and clinical manager. The discussion at the interview focused around what the prospective learner wanted from the study programme. The decision to support a member of staff to undertake a programme was a joint decision between the ward manager and the clinical manager and the needs of the learner had to be balanced against the needs and interests of the trust..

> *"What a prospective learner would do is ring the continuing ed department, request an application form and the way the application form is designed they must discuss it with their manager and receive written support on that application form from their manager. We then receive the application form; acknowledge it and give the prospective candidate an idea of when interview might take place. Now at the moment we have an interviewing week each year when we select for that 12 months. The interviewing panel is usually a facilitator, like myself, and a service manager from that trust, not necessarily the prospective candidate's operative manager, but somebody who knows the ethos as to what the trust is all about really. We have a prescribed, if you like, sheet now where we would cover certain topics at each interview in an attempt to get equity and parity for every candidate who applies to continuing education within (college). I know there are pros and cons to that but I didn't have anything to do with the design of this, it was a collegiate decision that this would be used. But of course, we can feed back over a period of time if we don't think it's suitable. But it's a numerical scoring, and prospective candidates must score 2 in the professional issues and 2 in the awareness of what their pathway*

> *is going to involve for them. We would both have a sheet and then following interview we would compare. And so far our numerical scorings whoever the manager has been are very very similar so there has been no great disparity there which has quite reassured us really. Then we take those sheets with all the CVs and application forms and any supporting material the candidate might have forwarded to us and have a session with our pathway manager who will then make a decision as to who will be selected. Everyone at the moment is offered an interview, we don't select out prior to interview, we don't short list for interviewing."* (Teacher)

It was the policy of the college to interview all those who had applied for the pathway. These interviews were conducted by the pathway teacher and a manager from a trust. This manager was from the same trust which employed the prospective learner. Interviews took place on the site of the trust in an attempt to limit travelling by the prospective learners. Those who were not successful in gaining a place were given feedback and offered guidance by the college to enhance their chance of success in the future. Before a prospective learner was offered a place, the college consulted her/his clinical manager.

> *"They (the college) will ask me when I can support them or, 'We're going to offer them a place, we're thinking of offering them for May, is that ok with you?' I may say 'No, hangfire' or whatever."* (Clinical manager)

The pathway was offered on two locations which were the only ones with sufficient space to accommodate 20 learners at any one time.(3) The college had attempted to offer learners a place at the location nearest to their work base but this had resulted in some learners being asked to wait until the next pathway or module started. The trust had informed the college that they would rather their staff had to travel than have this time delay. Travelling could however prove a problem for the learner's clinical manager who was faced with the decision as to whether or not there was sufficient funds in the unit budget to fund the learner's travel. If the unit was unable to support travelling costs, there were various funds or bursaries which were available within the area to help the learner. Difficulties with travel did not however always focus on the cost as Learner 2 recounted.

> *"It was quite daunting for me. I do drive but I've always worked locally and never had to go outside the area and it was quite distressing for the first couple of weeks when I had to go. We had to go and find it, (location for college sessions) my boyfriend actually took me out one night and we drove round until we found it. He drove me about four times before I could do it on my own. I am quite confident with it now but it was a problem and it did put me off"*

Learners were offered starting dates by the college but it was accepted that as mature individuals they had responsibilities outside of work. This could mean that a leaner may begin one module but then have to defer and pick up the module again at a later time. Whilst the college had no difficulties accommodating the needs of the learners in this way, they had experienced difficulties with the ENB and the learner's completion date.

> *"We found that their computerised system was just chaotic. From being asked by the ENB advisers to put together a flexible approach and we find at the end of the day this system cannot accommodate. We have also found that departments don't talk to each other. At the*

> *midpoint we have to advise them on the B2C's (form) who have completed the ENB 923, which is fine, but at the end of it we've to do separate forms for those completing the A24/25 and then duplicate the forms for those doing the A24/25 with conversion."* (Teacher)

The marketing department within the college had put together a directory of all the pathways which were available. There was also information on individual modules within the pathways and a preparatory pathway which was in effect an access pathway. This pathway was aimed at those individuals who had not undertaken any study for some time and it covered such areas as study skills, interpersonal skills and social/ behavioural sciences. This scheme did allow for some module choice within pathways and learners were able to follow a pathway of study which resulted in a number of professional awards. This proved to be a valuable experience for learner 1.

> *"My first aim was to get the conversion programme and then as we were more involved with the programme to realise just what we were getting out of it So yes, it is important because I am halfway through the diploma, through the pathway as well as doing the conversion and getting an ENB certificate as well. So I am going to be there with the Project 2000 nurses because I've always said that nurses that don't do the diploma are going to be left behind and probably find themselves in the situation that I found myself in as an SEN, in about ten years time. I can see it coming, anybody who hasn't done anything like the diploma is going to get left behind and I am going to be still here working in ten years and it's important that I do something."*

The teacher reported that learners were obliged to attend 80% of a module as prescribed by the ENB. However the college staff were ready to help learners who, due to unforeseen circumstances, found it difficult to maintain this level of attendance as indicated by the pathway teacher:

> *"If I haven't got too many diary commitments I can see that person individually so we can make up the ground. And I think it's very fair to say we do not have a problem with recalcitrant learners they're usually very determined as to what they want to do and having been given the opportunity. So that really isn't a problem."*

Summary

- In order to access the module/pathway, nurses had to be registered on Part 1 or 2 of the Professional Register and have the support of their clinical managers.

- The module/pathway operated on two of the college sites. This was primarily due to the availability of classroom space.

- Starting dates were negotiated between the teacher, learner and his/her manager. The college staff recognised that the learners often had family commitments to take into consideration.

- Learners were obliged to attend 80% of a module but the college could offer a degree of flexibility here.

Key issues in the management of flexible learning

- Modular flexibility increases the potential for shared learning with learners from different branches of nursing and with learners at different levels in the same branch.

Where shared learning operates the learning outcomes here may need to be carefully specified.

- Providing a module/pathway for one learner has implications for the cost and management of resources.

- Travelling to college sites can be daunting and may pose particular problems for women driving alone at night.

Areas of good practice in the management of flexible learning

- Local bursaries were available to learners to help with their travelling expenses.

- The college had provided both learners and trusts with a directory of available modules/pathways.

- Prescribing a lower limit for the any learner's level attendance sets a parameter for any negotiations. However in this case there appears to be a misunderstanding that the limit is set by the ENB.

Teaching and Learning

It was possible for learners to use AP(E)L to reduce the length of a module or to omit modules from the pathway. Although the learners interviewed were aware of this opportunity neither of them had considered it.

The learners studied three core modules and three optional modules which they choose from a directory. The pathway teacher indicated that the core modules were mostly taught modules however the optional modules were student directed.

> *"If we look at the optional modules they will select a topic focus. It might be wound management; pain management; looking at therapeutic interventions; the grieving individual; the poisoned individual; peri-operative care, whatever. That is the focus that they have selected and with each of those modules there is a module spec., so the student will be given the specific module spec. that they have elected to study. So they will have that as an indicator of the content. On the first day of those optional modules, they're all together as a group but from the main group of 20 there might be six doing the grieving individual, one doing something, four doing something else. So then I give them the option of either working as a sub-group if there are six or four, with input from me, or booking individual tutorial time if it's the individual studying one module on their own that falls into the individual tutorial. If it is a sub-group and they want a specific speaker I will arrange that for them and if it's an individual tutorial basis I would possibly advise them, perhaps you need to speak with somebody within your trust who could bring up these issues. I'm not sat there flashing up OHPs but I do have personal resources of literature with certain projects on the specific topic that they have chosen which I will leave with them and they can select. I find it just starts them off they don't feel so totally isolated."* (Teacher)

This teacher talked about difficulties that some learners experience as a result of this flexibility and 'freedom' within the modules. Learners were encouraged to use any mode of learning which they wished including open learning packages and computer programmes. During these modules the pace of the learner's progress was negotiated between the teacher and the learner.

The module content was dictated by the module specification and followed by the learner. It was important that a record was kept of the study which the learner had undertaken so the pathway teacher gave the learners a blank timetable for them to record the content of the module

> *"just in case the ENB would challenge it, or the university."*

In the past, the college had also kept a record of learners' study but this was now considered to be the responsibility of the individual learner.

Learners were allocated a personal teacher whom they could access within college hours and, in some instances, outside of college hours. This arrangement appeared to work well. Learners could contact their personal teacher for advice or for extra tuition if they needed it. The pathway teacher was quite happy to conduct telephone tutorials if that meant that learner did not have to travel to meet her face to face. The fax machine was also a means of communication and the teacher frequently received work from learners through the post. The pathway teacher was not available to learners outside of normal working hours other than by specific arrangement with the individual learner. This level of teacher support appeared to met the learners needs.

> *"You could ring her for advice if you needed it. She was available if anybody needed extra tuition or whatever."* (Learner 2)

Library facilities were available on all main college sites. In addition, learners were able to use the university library although here the facility to borrow books was not available. On the trust site, there was a post-graduate medical library which the learners could also use. All learners interviewed used this library the most because it was on the same site as their place of work, however it was not open during the evenings. When attending the college learners did make use of the college library facilities where they were able to access a wide variety of journals and undertake computer-based literature searches. The college also provided word processing and desk-top publishing facilities.

Although learners were allocated study days, they were often lost because of the demands of client care in the clinical area:

> *"I did actually have a study day every week but quite often ended up working anyway so I didn't actually get that study time. So just when you were off for it you were half dead, particularly in an afternoon. We've had no chance to be released from the ward for a couple of hours to be able to go off and do it " (study or use the library)* (Learner 2).

Learners were told that they needed to negotiate study time with their managers. One learner in particular had found that she had not negotiated sufficient time and as a result, had used her days off as study time. However, she felt she had

> *"learnt very quickly "*

and when it came to the time for her to prepare for the next module in the pathway she negotiated a little more study time. The amount of study time a learner was given often varied between units within trusts and between trusts. There were no funds available for replacing staff who were on study days and any time allotted for study had to take account of the need to maintain service provision.

Summary

- The college offered an AP(E)L scheme but the two learners interviewed had not considered this option.

- The optional modules allowed the learners to negotiate the content of the module.

- Learners were encouraged to use a variety of modes of learning during the optional modules.

- Learners were able to negotiate their pace of progress during an optional module.

- The amount of study time offered to a learner whilst undertaking the modules and pathway, varied between trusts.

Key issues in the management of flexible learning

- These learners had not chosen to use the AP(E)L option available to them. Providing flexible options does not mean that learners will necessary make use of the flexibility that different options provide.

- The allocation of study days can be used flexibly as demonstrated here but these study days are vulnerable to pressure from the employers.

- Variation in practice in the allocation of study time between trusts has implications for the management of flexible learning by the college.

Areas of good practice in the management of flexible learning

- Learners were able to choose the content of some of the modules and they were encouraged to keep a record of the topic they had studied. This increased each learner's sense of control over their own learning which in turn contribute to the learners' self-directedness and autonomy.

- In this case the system of teacher support for learners appeared to work well in that it met the needs of the learners.

Assessment

Assessment of theory

The modules were assessed both formatively and summatively. The learners had a choice of assessment topics within the modules.

> *"They can select from a directory but it isn't limitless. There are 15 choices on it at the moment of which they (the learners) select two. Three are extremely popular with us, to the extent that the others seem to fall by the wayside. Wound care; pain management and grieving individuals, are extremely popular. I think the stimulus to study those is that practitioners wish to improve in those areas."* (Teacher)

There were however constraints on flexibility in the assessment process.

> *"In the pathway I am concerned with at the moment they're using student direction sheets with each module for practice and theory. There is a section on that for sub-contracted criteria that the student wishes to negotiate. We've been running since February '92 and I*

> *haven't had a student yet who's negotiated further outcomes. We aren't in a position, in relation to the ENB curriculum or the university, to give students carte blanche with what they wish to focus on in the assessment and with both really, the professional organisation and the academic organisation, are really quite rigid within that. The student must demonstrate that they are proficient. There must be a match with this because our pathway gives them half an exemption to the Diploma in Professional Nursing Studies. If they've already done the Diploma and they do this we can use it towards the second year of the B Sc degree. So that is where I have the biggest conflict."* (Teacher)

Learners felt that they had been given support and guidance in the assessment of theory and both felt that they had benefited from being able to chose a topic which was of interest to them and relevant to their clinical work.

Dates for submission of written assessments were set by the college before the pathway commenced and these were given to the learners early in the programme. However, it was possible for the learners to negotiate different dates for submission with the pathway manager.

Summary

- Learners were able to exercise some choice in the assignment topic for the assessment of theory and they found this helpful.

- Submission dates for written assessments were set prior to commencement of the pathway/module but learners were able to negotiate other dates if they wished.

Key issues in the management of flexible learning

- Learners were able to choose assessment topics from a list of 15 options. This may be one way of managing flexibility by putting limits on the scope of that flexibility.

- Whilst there were clearly stated learning outcomes within the assessment process, learners were able to negotiate further outcomes to meet their own needs. It is interesting to note here that to date, none of the learners had used this option. There may be a number of reasons for this lack of uptake. For example, the option may not have been made clear to learners or the learners may not have felt the need for additional outcomes in order to meet their needs.

Areas of good practice in the management of flexible learning

- Learners had the opportunity to choose their assessment topics, although the choice was limited by the college.

Assessment of practice

The framework for the assessment of practice was set for all learners undertaking the pathway. The assessment was continuous and there was a practice document specifying the intended learning outcomes. Learners could write additional learning outcomes if they wished to and this was an option which the learners who were interviewed found useful.

> *"It was entirely self-based what you wanted to get out of it as long as you met the criteria. It was learning for me, actually going out and finding things that I haven't done before."* (Learner 1)

The learners each had a preceptor in the clinical area. Preparation for this role by the college included detailed discussions on the assessment of practice. Learners used reflective journals in their clinical work and they were encouraged to discuss these and other work such as written assessments with their preceptors. Learners appeared to appreciate this support. The teacher had recently interviewed learners who were undertaking the pathway to find out more about their experiences and she commented that a number of learners had stated that they would have not have completed the module/pathway had it not been for the support of their preceptors. Learners were able to choose their preceptors and this meant that they were able to choose someone with whom they felt 'comfortable'. One learner had had to postpone the starting date of the first module she undertook for a number of reasons, one of which had been that her preceptor had not been able to undertake a preceptor study day due to the work load in the clinical area.

Summary

- There was a specified framework for the assessment of practice although there was flexibility within that framework which the learners valued.

- The preceptors played an important role in supporting the learners.

Key issues in the management of flexible learning

- The framework for the assessment of practice was set for all learners although learners were able to write additional learning outcomes to meet their own needs. This facility offered learners an additional degree of flexibility.

- It is important that preceptors are well prepared so that they are able to provide support of appropriate quality for learners undertaking flexible learning in the clinical placements.

Evaluation

Learners and clinical managers were asked to contribute to the evaluation process. Learners were given an evaluation form at the start of each module which they completed and returned at the end of the module. The questions on the evaluation form covered such areas as access, resources, facilitation of learning and content. Upon completion of the pathway learners were again asked to complete an evaluation questionnaire. Data from learners were collated and analysed by a department in the college and the findings made available to college staff. The college had responded to learners' comments, for example, more library books on research methodology and health promotion had been purchased.

Clinical managers from the trust took part in the evaluation of the pathway. In some instances, the same clinical manager was asked repeatedly by the college to become involved in college activities.

> *"The college, up to very recently, ran an awful lot of different courses with an awful lot of planning groups, curriculum groups, evaluation groups and Joe Bloggs, here was being asked to go on so many that he put his foot down and said 'Hang on, what's going on? We can't have all this, all these evaluation groups. This is ridiculous. Can't we put them altogether?' And therefore the evaluation group for the A24/25, I think, has just been disbanded because we didn't see the point of evaluating it solely. It was getting too much. There was that many new groups setting up etc., It was quite simply, there wasn't other people from our other trusts*

> *that could do it, and I was being dragged in. Purely and simply the time, I haven't got the time to do it."* (Clinical manager)

Although the involvement of clinical staff in the planning and evaluation is important the extent and nature of the involvement needs to be managed carefully in order to ensure that the demands on the clinical staffs' time are not unreasonable.

Summary

- Individual modules were evaluated as well as the pathway as a whole. In the main source of evaluation data came from the learners.
- Until recently clinical managers were involved in the evaluation.

Impact of flexible mode of learning on educational experience and achievements

Learners could take time out of the pathway if they wished a facility which was considered to be particularly useful.

> *"If they've found it quite a lot or the ward is particularly busy at that particular time or they want to go on holiday. One of them (a previous learner on the pathway) broke off because they wanted to go on holiday for a month. So I said, 'yes alright take a break then. There's no rush, you're not rushing for anybody. At the end of the day it's your personal development.' So I think that is good in that respect."* (Clinical manager)

The flexibility surrounding study days and location was also appreciated by the learners. One learner had a rather long and difficult journey to the college and being able to study at home was very important for her as she was able to use her time more effectively.

Giving learners the opportunity to choose topic areas for their written assessment could result in changes of practice in the clinical area. One learner had chosen to observe hand washing techniques amongst the clinical staff in her area. She had displayed the information she had gathered on the topic and her report in the clinical area. Both the learner and her ward manager indicated that this had resulted in an improvement in hand washing techniques amongst all of the staff.

The flexible framework of continuing professional development within meant that learners found it easy to plan their professional development. One learner had embarked on a diploma pathway encouraged by the fact that whilst undertaking the conversion pathway she had studied modules which could be credited towards a diploma. Access to diploma study was important to her.

> *"I didn't realise what I was getting into on the course. My first aim was to get the conversion course and then as we were more involved with the course to just realise just what we were getting out of it and I've seen other girls that have converted in a different way to what I have and they haven't got half as much as what I did. So now yes, it is important because I am halfway through the Diploma, through the Pathway as well as doing the conversion and getting an ENB certificate as well."*

The teacher recognised that learners found it hard to cope with the choices offered within a flexible programme.

> *"The freedom and the right to self-study is sometimes quite a shock to them because they don't want the responsibility of being in charge of their own learning. It is quite a major move for them and particularly those people who come from a traditional schooling. General academic approach. It's very very difficult for them, this freedom, not sitting at a desk and not note taking."* (Teacher)

Both learners agreed that they had found the notion of flexibility and self-directed learning difficult.

> *"It was nerve wracking at the time but on reflection, yes, it was a wonderful experience. And the Pathway assignments, they were 2500 words and once you'd got your head round how to write academic essays I found them, not easy, but enjoyable to do."* (Learner 1)

> *"I found it difficult at first. Sometimes I'd like to have been told what to do so I didn't have to think about it."* (Learner 2)

Learner 1 had studied the access modules and had found the experience worthwhile. Learner 2 had not studied the access modules but recognised the benefits to those learners who had, such as being able to present material in an academic format for example. It is interesting to note here that whilst learner 1 would have experienced more formal, traditional and didactic teaching methods during previous professional education programmes, learner 2 was very much younger and would have had had a more student-centred approach. Within this student-centred approach the learner would have been expected to undertake self-directed study however this learner appeared to find studying a flexible programme as difficult as learner 1.

One of the learners commented on the high level of stress she had experienced as a result of studying the pathway whilst working in a very busy clinical area and carrying a heavy clinical work load.

Summary

- The option of taking time out of a pathway was considered to have a positive impact on the education experience of the learners.

- Being able to choose a topic which was of interest to the learner and of value to the clinical area had had an impact of the achievements of one learner in terms of improving clinical practices.

- Learners found the flexibility of the programme and the self-directed study difficult.

Key issues in the management of flexible learning

- Learners have to be educated into the autonomy expected of them and that the development of learner autonomy is a purpose of a flexible learning programme. Teachers and managers must be aware of the difficulties learners may encounter as a result of giving them choices. There are implications here for the management of staff development programmes.

The purpose of making learning more flexible

The clinical manager was very clear about the purpose of making learning more flexible. From the point of view of this manager and the trust the purpose of flexibility within a post-registration programme was to allow individuals to study at their own pace and to enable learners to build up credits towards a degree or similar educational qualification.

> *"I think that the pathway is a particularly good mode of study because you can pace it at your own pace. You can build on it. You can add to it. You can get accredited for things you have done in the past. In that respect it is maybe more flexible than some other courses. You can put it on hold for two years if you want and then restart. And at the end of the day you can just come out with one optional module or you can build up to a diploma or indeed a degree or a higher award if you wish. And there's a clear pathway through. I think maybe you can look at a piece of paper and follow it through, 'Well, this is the road I am going to take', and plan your education package over maybe a couple of years. So that's maybe of benefit."* (Clinical manager)

For the college, the purpose of increasing flexibility was to increase the availability of continuing professional development programmes. This meant providing modules and pathways which met the needs of the individual practitioner as well as the needs of the trust.

Management of flexible learning

The education manager and teacher clearly identified that flexibility in terms of content of a module had to be within the framework of the curriculum and the expectations of the validating bodies. The teacher was accountable to the education manager and there were regular meetings of the education staff at which issues concerning flexibility of programmes could be discussed. Although, there were no written statements which delineated the parameters for any negotiations between teacher and learners, the structure and the content of the curriculum was seen as providing a framework for negotiations. In addition to this framework, ENB policy statements on continuing professional education and the provision of the higher award together with the university regulations were considered to set boundaries. Teachers were responsible and accountable for the delivery and organisation of the module/pathway. The teacher was fully committed to being as flexible as was possible within the constraints of the curriculum and the validating body. She considered that the flexibility within the pathway was limited but at the current time this level of flexibility was all the learners could cope with.

> *"perhaps it's (flexibility) at the stage where the students that we are dealing with at the moment can cope. I think if we were totally liberated for them they'd be swimming in a sea of water. And I think it is only towards the end of the pathway that they're really getting the idea of student-directed learning."*

Three teachers taught on the modules on this pathway and they worked closely together. Each of the three teachers shared similar views about the provision of flexibility within the programme. They met on a regular basis and any differences between them relating to flexibility would be openly discussed and resolved.

The college's strategy was to make its continuing professional education programmes more flexible but the impact that this had on the work load of teachers was appreciated by the education manager. Teachers worked 'flexi-time' and wherever possible, time spent travelling was taken into account as part of the teacher's day.

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Summary

- Flexibility of the pathway operated within the framework of the curriculum and the regulations set by the validating bodies.

- There were no written statements which identified the parameters of flexibility in the programme. Teachers met regularly to discuss issues relating to the flexible nature of the pathway and this enabled differences of opinions on flexibility to be discussed and resolved.

Communication between trust and the college

Staff in the college considered that they had a good working relationship with the trust and that the channels of communication worked well. The college made every effort to listen to the needs of the trust and respond accordingly. The clinical manager interviewed had been part of the planning team for the pathway. Communication amongst the members of this planning team however, had not always been easy.

> *"A lot of what was discussed, and I've fed this back to the Education Centre so that they know, was very much used in educational jargon which is something that, at that point, health service personnel weren't au fait with. I feel as though they are probably more so now. But some of the things went above the trust's head I feel and therefore we weren't able to contribute as much as we would have liked. From an educationalist point of view I felt that the educationalists felt as though there was one hell of a pressure put on from the ENB and they seemed very anxious to make sure that what we did first, was right. So much so, that sometimes, it inhibited our planning mode."*

A number of staff working within this manager's clinical area had studied the modules/pathway. He felt that the flexibility of the pathway had increased since it was first planned. Now learners had more choices in terms of optional modules for example. Overall however, clinical managers within the trust did not always have detailed knowledge about the study programmes which their staff undertook. Although most clinical managers within the trust would be part of one or other planning teams for a module or pathway, there was currently no formal forum within the trust for sharing knowledge gained about a module or pathway.

Whilst the college had indicated to the trust that it was willing to respond to the trust's needs in the provision of continuing professional education, the onus had been placed on the trust to contact the college. The clinical manager felt that this balance was not appropriate

> *"I dragged them (education staff) over here and what I said to them is, 'We are buying your services. You should be out here to flog your services', basically. I didn't feel as though the school were coming out, or, the Education Centre as it now is, they weren't coming out often enough to find out what we felt; failed to discuss it with us, what they have got on offer, etc. And this goes across the board. They were saying 'Well, if you want it, ask'. I said, 'But we shouldn't have to ask. You should be giving it to us, it should be there. It should be a service you are offering, you should be coming round and find about how we feel. We shouldn't have to keep ringing up.' And they have taken that on board. So much so, that one of them came to see me before I went away on holiday and got some feedback from what I felt about the courses that they had on offer."*

This clinical manager had a clear idea of the role of the trust as purchaser of professional education. He wanted quality programmes which met the needs of the trust and his staff. If the local college was not able to give the trust what they wanted then the trust would buy education from another college or higher education establishment. He felt that it was therefore important that the local college was proactive in marketing the programmes they had to offer.

Summary

- The college staff felt that communication between the trust and college was good and the college made every attempt to meet the trust's needs.

- The trust indicated that communication between college and trust was not always good and tensions had arisen.

Notes

(1) Although the technical problems associated with this method of data collection can be easily overcome, interviews by telephone can create a barrier between interviewer and interviewee. Every effort was made to reduce the effect of this potential barrier however the quality of the data obtained may have affected .

(2) Registered general nurses are registered on Part 1 of the Professional Register and enrolled nurses are registered on Part 2 of the Professional Register.

(3) Historically the college had had classroom facilities on most of the trust sites. Changes in the funding of nurse education had resulted in some of these sites being closed and on other sites where classroom space was available, the classrooms could only accommodate six or eight learners.

A26 Pathway - Developing the Accountable Practitioner: An Advanced Pathway for Midwives

Details of the Module/Programme

This was an advanced pathway for midwives, and carried 60 CATS points at advanced level. The programme was divided into three modules. Each module could be accessed and studied as a 'stand alone' module. Learners undertaking the whole programme or pathway, could access each module in any order they wished. The pathway could be used as statutory midwifery refreshment and in addition, the first module could be accessed by non-midwives. Details of the pathway studied based on documentation published by the college are given below.

PATHWAY CONTENT, STRUCTURE AND ORGANISATION

This Pathway has been developed within the modular Framework of the West Yorkshire College of Health Studies.

The Aims of the Pathway

The Pathway aims to provide Midwives from a variety of clinical settings with the opportunity to:-

i) study in depth professional, managerial and clinical aspects of midwifery to enable them to play a leading role in providing quality professional care

ii) undertake critical enquiry and analysis based on practice underpinned by research

iii) act as an autonomous change agent in enhancing the quality of care

These expectations are implicit in the outcome statements of the English National Board's Higher Award 10 Characteristics.

Pathway plan, arrangement of theory and practice and their correlation, including overall curriculum hours and amount shared learning, where appropriate

The total length of the Pathway is 42 days, organised into three free standing units, each unit being completed over a 15-17 week period.

UNIT ONE -	Management of Midwifery Practice	14 days	(20 credits)
UNIT TWO -	Advances in Clinical Midwifery Practice	14 days	(20 credits)
UNIT THREE -	Professional Development for Midwifery Practice	14 days	(20 credits)
	TOTAL:	**42 days**	**(60 credits)**

Within the total pathway time of 42 days, 27 days are college based and 15 days are educationally led placements to support fieldwork and personal studies.

Fieldwork Placements

All Midwives will have the opportunity to negotiate experience in alternative practice areas.

The Midwives, acting within financial and other guidelines will, following discussion with the Pathway Facilitator, select and negotiate with the individual Health Authorities appropriate fieldwork placements.

UNIT ONE - MANAGEMENT OF MIDWIFERY PRACTICE

This unit consists of two Modules:

	Credits
Managing Practice. A.M.MAN/10(92)	10
Communication - Self Awareness/Self Care in Practice A.P.COMM-1/10(92)	10

These Modules run concurrently throughout the 15 weeks and will attract a total of 20 credits at advanced (A) level.

Weeks of Unit

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15 *	16	17
5 DAYS		1 DAY		1 DAY			1 DAY		1 DAY		1 DAY			2 DAYS		

FIELDWORK PLACEMENTS: 2 days similar speciality

PRACTICAL EXPERIENCE

UNIT ONE

The student will continue to gain experience in their own area of practice placements are available.

During this unit the equivalent of two days (14 hours) will be allocated for alternative placement experience. This will be in a **similar** speciality to the Midwife's current practical area.

Preceptors will be available for each student. These observational placements will provide the opportunity to analyse critically management organisational issues; relating the theoretical content of the unit to practice and provide the basis for the assignment identified in A.P.Man-10(92)

Examples

Midwifery Home Base	Alternative Placement : similar
Community - rural	Community - inner city/urban
Delivery Suite - Small/Medium	Delivery Suite - Large/Regional Specialist Unit

UNIT TWO - ADVANCES IN CLINICAL PRACTICE

This unit consists of one Module attracting 20 credits.

Managing Practice. A.P.AD.MID/20(92)

Weeks of Unit

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2 DAYS		1 DAY		1 DAY			1 DAY		1 DAY		1 DAY			2 DAYS		

ALLOCATED STUDY DAYS

FIELDWORK PLACEMENTS: 2 days similar speciality
3 days dissimilar speciality

PRACTICAL EXPERIENCE

UNIT TWO

ALTERNATIVE PLACEMENTS

The student will continue to gain experience in their own area of practice placements are available.

During this module the equivalent of 5 days (35 hours) will be allocated for alternative placement experience. This will be two days in a **similar** speciality and three days in a **dissimilar** speciality to the Midwife's current practical area.

Preceptors will be available for each student. These observational placements will provide the opportunity to analyse critically management organisational issues; relating the theoretical content of the unit to practice and provide the basis for the assignment identified in A.P.Mid-20(92)

Examples

Midwifery Home Base	Alternative Placement : similar	dissimilar
Community - inner city/ high ethnic minority ratio	Rural environment	Delivery Suite or Neonatal Unit
Delivery Suite Regional Unit	GP/Midwife Unit	Community
Team Midwifery	Alternative team (own DHA or other)	Neonatal Unit

UNIT THREE - PROFESSIONAL DEVELOPMENTS FOR MIDWIFERY PRACTICE

This unit consists of one Module attracting 20 credits.

Managing Practice. A.P.PROF.D/20(92)

Weeks of Unit

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17 *
1 DAYS						1 DAY						1 DAY				2 DAYS

ALLOCATED STUDY DAYS

FIELDWORK PLACEMENTS: 2 days alternative practice
6 days personal study

* Assignment date due

ALTERNATIVE PLACEMENTS AND PERSONAL STUDY

The student will continue to gain experience in their own area of practice. In addition, alternative practice placements are available.

During this module the equivalent of 8 days (48 hours) will be allocated for alternative placement experience two days (15 hours) and personal study time (33 hours).

The midwife who chooses to study professional and educational issues may wish to observe, participate or experience these in practices: the alternative placements will enable the Midwife to pursue areas of opportunity and interest, enhance the theoretical content of the module and facilitate the undertaking of the assignments in A.P.Prof.D-20(92), e.g. visit to Legal Department, contacts with Legal Officers and Solicitors.

Fieldwork Placements

All Midwives will have the opportunity to negotiate experience in alternative practice areas.

The Midwives, acting within financial and other guidelines will, following discussion with the Pathway Facilitator, select and negotiate with the individual Health Authorities appropriate fieldwork placements.

Planning and history of the pathway

The pathway was established before the hospital acquired trust status. The region had requested that the college provide continuing professional development to meet the needs of the midwifery service, as a result of changes in the profession which were taking place at the time. In the past there had been a lack of continuing professional development provision for midwives and this pathway was aimed at addressing this situation. The pathway planning team comprised educationalists as well as senior practitioners in midwifery from both hospital and community settings.

Collection of Data

Data were collected from four individuals.

Education manager (midwifery) - responsible for the management of a number of midwifery pathways, including the A26 pathway. In addition to this she was also responsible for other pathways for example, human sexuality and well-being; palliative care; mental health and learning disabilities as well as being responsible for the ENB higher award programme.

Teacher - organised and delivered the A26 pathway.

Learner - a midwifery ward manager. She had worked in the hospital for twenty years and had been in her present post for a number of years. At the time of the study, she was a midwifery ward manager and a supervisor of midwives. This learner was being funded by the trust to study the pathway.

Clinical manager - responsible for the delivery of midwifery services within the trust. There was a 'flattened' management structure within the trust and as a result she had no clinical managers below her. This manager had been part of the planning team.

Due to illness it had not been possible to carry out a face-to-face interview with two of the individuals. They were subsequently interviewed by telephone. (1)

Questionnaire data

The dimensions of flexibility reported by the pathway teacher in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust……………………………………

Name of contact person……………………………………

Telephone number……………………………………

Title of module/course…A26 DEVELOPING THE ACCOUNTABLE PRACTITIONER AN ADVANCED PATHWAY FOR MIDWIVES

Is this a module or course? Please indicate with a tick. Module ☑ Course ☐

MODULAR PATHWAY

If module, please indicate level……DIPLOMA / DEGREE……

Total number of hours of learning for module/course……150 MODULE……450 COURSE

CATS-rating……60 CREDITS 20 PER UNIT……

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	
2. The institution offers this module/programme at more than one location	✓
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	✓
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	✓
3. Module/programme offered as one of a choice of a different group of modules on each occasion	
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	
3. Learners are able to negotiate to use a mode of study of their choice	✓
4. Mode of study specified by the teacher, institution or external agency	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

The Pathway consists of 3 units any of which can be taken in any order but the third have to be taken before the ENB A36 is gained. It is, therefore, [illegible]

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	
2. Some choice for example two or more entry points during the year	✓
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	
2. Specific qualifications required	
3. Range of qualifications and experience accepted	✓
4. Evidence of learning from appropriate experience accepted (eg APEL)	✓
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	✓
3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time	✓
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	
2. Negotiable finishing date	
3. Negotiable within a fixed time span	✓
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	
3. One payment in full at fixed point during the module/programme	
4. Payment by cheque or cash only	
5. Payment by credit card accepted	
6. Direct debit payment over several months	
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

No module fee payable if student works within the Trusts the College services. External candidates invoiced on completion of module/pathway for full amount. ENB Require indexing fee on indexing for conversion option payable in one single payment.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	
2. Narrow choice of content	
3. Wide choice of content	✓
4. Content negotiated to meet learner's needs	✓
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL	✓
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	✓
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	
3. Teacher/trainer + other people such as specialists or peers	
4. Teacher/trainer + other resources and people	✓
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓
5. Access to tutorial support restricted to working hours	
6. Tutorial support available outside working hours	✓
Pace of progression through the module/course	
1. Pace determined by the tutor	
2. Pace negotiated between the tutor and the student	✓
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	✓
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	✓
Assessment of practice	
1. Same criteria for each student	✓
2. Criteria based on individual student's learning needs	
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

The A26 pathway consists of three free standing units. Once registered with the ENB as being on the pathway, the student has a full five years to complete it.

Each unit can be taken as a separate entity and the student can opt in or out of the unit as suits them. They do not have to take the assessment although they will not be granted the credits available for each unit (20 CAT. points) The student does not have to take the units in 1, 2, 8 order and there are days allowed within the programme for the students to say what they want to do (or not.) Attendance is not compulsory with the students opting for the study day the want to attend.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data the following dimension of flexibility were explored in some detail.

- provision of module/programme
- location of module/programme
- module/programme choice
- starting dates
- finishing dates
- mode of attendance
- content of module
- mode of teaching and learning
- resources for teaching and learning
- access to teacher support
- pattern of summative assessment of theory and submission dates
- method of summative assessment
- assessment of practice

Access and provision

Data collected from all sources indicated that there was a very positive attitude within the trust towards professional and managerial development. Communication channels appeared good and information relating to education programmes was readily available to staff. In order to access the pathway learners had to be Registered Nurses on part 10 of the Professional Register of the United Kingdom Central Council and to be supported by their managers.(2) Typically, once a midwife decided she wished to study the pathway, she would initially approach her manager to discuss her decision. This was not always the case however as the clinical manager indicated.

> *"9 times out of 10 they come to me. Now that's simply I think, because of the flattened structure (management structure). At the end of the day I hold the budget. But I feel quite comfortable with that because I have time to talk to the individual midwife and at the first meeting she would actually perhaps identify that this is some of the areas that she would like to address and it may be me that says, 'Well what about the A26?' or it may be her that comes with very clear ideas. At that time I think I like to be quite sure that she, the midwife, realises the commitment she's undertaking. While I will support her and give her as much study time that is reasonable because there are so many other midwives doing degrees, diplomas, ENB courses that I would expect her to also give 50% of the time as her own. So the study day I always give and I would like to think that during the week, she also takes back time or uses the overlap time in the shift, that she goes to the Post Grad Centre and does things like that. So I support her with time. The programme itself is free. But that's basically where we start from, the commitment the motivation and when did she last do any reflective practice not even as much as that, when did she last read, does she know how to actually go and find information she may need literature using the Post Grad Centre, things like that."*

The learner interviewed had not considered undertaking this pathway when she first heard of the programme because she thought it was

> *"rather academic."*

This midwife had not studied for a number of years and had felt very apprehensive. Her manager had suggested she considered studying this pathway during her individual performance review interview and she had thought that it might be useful to her.

The college had a policy of interviewing all those who had applied for the pathway. These interviews were conducted by the pathway teacher and a manager from the trust. Interviews took place on the trust site in an attempt to limit travelling by the prospective learners.

> *"What we tend to do is try and set aside a whole morning and invite two or three or as many applicants as we have for that morning. The first half of the morning we talk through the A26. We talk generally about where they're coming from, what their practice is like, what the expectations of the A26 are; and if I have time I usually do a quick tour of the building in which it's held. And then the second half of the morning is down to the interview, that is myself and either a midwifery manager although, that is under review at the moment or a midwifery tutor, (there is another tutor within the post reg department who is a midwife) or, my manager. So there's usually two of us sitting, do a very brief discussion around about certain areas that I identified within the interview format. So the areas that we are looking at are things like evidence of recent professional development; what has been their career progression from qualifying to the present day in terms of new initiatives, what they have introduced, what sort of educational programmes that they have undergone so that we can identify their needs in terms of being able to put together an assignment, recent study skills this sort of thing. We also look at their awareness of what's going on around them in terms of professional issues which is looking at things like for example Changing Child Birth, the imperatives of that. The recent controversy over water births and what their unit is doing to address these issues. We're also looking at things like motivation why did they want to come on this particular programme; why now, what do they feel they will gain from it and what do they feel they can contribute to it. We're also looking at whether they have or are aware of the higher award and have they got an up to date professional portfolio. So these sort of issues we're looking at, in a general discussion very informal."* (Teacher)

At the end of the interview the learners were asked when they would like to start a particular module and every attempt was met to meet their requests.

The programme was currently offered in one location however at the time of the case study the use of an additional site was being planned. Travelling had been a problem for some learners undertaking this programme and it was hoped that using other college sites would overcome the problem. The learner interviewed had to travel to another town but this was not a problem for her and although she did not receive travelling expenses, she did receive paid study leave so she felt that she was being treated fairly.

In theory, learners were able to study a module in any order that they wished. In practice however, the order was not always decided by the learner.

> *"I actually started backwards way on, because I did module 2 first. But I thought originally it was going to be module 1 but apparently because of lack of response, I suppose, they actually cancelled module 1, so we started in on module 2."* (Learner)

Attendance could be negotiated with the teacher and there was flexibility if, for whatever reason, a learner needed to take time out from a module.

> *"There is an 80% attendance expectation by the ENB which I interpret individually. A learner should feel she has enough knowledge in relation to part of the programme, for example, the single study day, one of the module 2 study days is actually a perineal workshop which if a learner has attended that before, there's no point in her coming for that day and repeating that learning. So what I say to the learner is, if there is a single study day that you feel you have addressed in great enough depth then that day is for you to use as you wish. So I am quite happy if they wish to stay at home and do some reading or some professional development in terms of the assessments or whatever they wish to do."* (Teacher)

The learner had started module 1 in August but due to unforeseen circumstances had found that she had to

> *"abandon it."*

She was however able to re-start the module in February. This meant she had already covered the content of some of the study days. It was however

> *"left very much to her"*

to decide which study days to repeat. She had been able to talk this through with the module teacher which had been useful and she had not wasted time repeating sessions.

There were set finishing dates for the modules which were linked to assessment dates within the modules. However, the college were able to offer some flexibility.

> *"If somebody can't finish their assessment then we are quite flexible in allowing them time to do so."* (Education manager)

The extent of this flexibility depended upon individual learners needs and the circumstances in which they found themselves. Finishing dates for each module was planned so that learners could progress to the next module along the pathway. However, if a learner had had the finishing date of one module delayed the college attempted to

> *"accommodate the learner as best we can."*

Summary

- Although the programme was located on one site, the college recognised that this was a problem for some learners who had to travel long distances. Future programmes would operate on a number of college sites.

- Learners could undertake the modules in any order they wished although choice might be limited as a module may not be offered if there was insufficient demand.

- Learners were able to negotiate starting dates and if a learner had to abandon a module, for whatever reason, she was able to re-commence within a short period of time.

- Negotiation of attendance was possible and the learner felt that she had benefited from this.

- Finishing dates were notionally fixed but there could be some flexibility for learners.

Key issues in the management of flexible learning

- The learner interviewed in this case study felt that she had been treated fairly although she was not receiving travelling expenses. For a variety of reasons nurses are likely to be more willing than they might otherwise be to fund their own development. This implicit generosity should be taken into account by managers in their negotiations.

- In this case study the learner interviewed re-started the module and was able to decide which study days she attended. Such a situation needs to be carefully managed to ensure that all learning needs are met.

Teaching and Learning

At the time of the case study an AP(E)L system for midwives was being formulated.

> *"There's an unofficial informal structure but we did feel that we need to make that more of a formal structure so an AP(E)L committee is being set up at the moment which can look at people AP(E)Ling for particular points."* (Teacher)

Learners could negotiate the content of modules and there were sessions allocated on the timetable for this activity. Self-directed study days, were also incorporated into the programme. On these days the learners could decide where they studied and what they studied. At the beginning of a module, the teacher spent time with the group outlining the content of the module. The learners were then asked if there were any other topic areas they wished to study. The topics and issues identified were then added to the timetable. These sessions were managed by the teacher and if she did not have the necessary expertise herself, she approached other teachers asking them to cover the sessions. This flexibility had to take place within a framework however and there were certain requirements which learners had to meet as the teacher explained.

> *"For example, for the first module which is about managing practice, then obviously they have to have input on management theories, organisation structures, change management, as well, is quite a big part of that so certain study days are organised around these issues. However again my own approach to that is very much about the learner discussing, with me, areas that relate directly to their own practice so that we try to put theories into practice and fit them into some sort of framework."* (Teacher)

Learners could negotiate the mode of learning for particular sessions and the teacher encouraged them to bring a variety of teaching and learning materials into the classroom and to participate in sessions.

> *"They're certainly free to bring anything to the sessions. If I am aware of learning packages on specific areas then I will bring those if I have access to them and bring those to sessions so that they can have a look at those. Certainly things like handouts and that sort of thing are made available which more or less summarise what we have been talking about through the session. I do ask them if they have seen any television programmes or videos or anything like that, to bring those to the groups, so that we can sit and have a look at those, if that's what they want to do. And we do try and use various strategies in terms of group work and videos and discussion groups. I find very often that the discussion groups are the most productive at the end of the day, with different people bringing their own experiences of different areas to the group."* (Teacher)

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Learners were allocated a personal teacher whom they could access within college hours and in some instances outside of college hours. This appeared to have worked well. Learners could contact their personal teacher for advice or for extra tuition if they needed it. The personal teacher however was often located on a different college site, away from the trust. Working around shifts in the clinical area and trying to contact a personal teacher who moved around the college sites did present some difficulties at times. However the pathway teacher was willing to visit learners in their clinical area if they considered it would be useful.

Library facilities were available on all main college sites. In addition, learners were able to use the university library although there was no facility to borrow books. On the trust site there was a post-graduate medical library which the learners could also use. This library was the one most frequently visited by the learner because it was on the same site as her clinical work. She had found the library staff very helpful and the library itself comprehensive. This library was only open during the hours of 9 am to 5 pm but this had not been a problem for her and she had not needed to gain access to the library outside of these hours. She was also able to use the college library when attending the college site for study sessions. This library offered a variety of journals and computer-based literature search facilities..

Study time had to be negotiated between the learners and their individual managers. The amount of study time a learner received varied between trusts.

> *"I have had some time, yes. Say I am early shift we finish at 3.15 pm. If the workload permits, I would go at two to the library, (clinical manager) is quite happy to accept that. So I personally feel I have been very fortunate because a lot of the other people on the programme weren't as fortunate. In so far as some of them are funding themselves, doing their study days on their day off and getting very little support."* (Learner)

Summary

- A formal AP(E)L system was being formulated by the college which would allow midwives to be accredited with previous experience. At the time of the case study this was done informally on an ad hoc basis.

- Learners were able to negotiate the content of the module to meet their own needs although this negotiated content had to be within preset boundaries.

- Learners could negotiate the mode of learning for particular sessions and the teacher encouraged them to bring a variety of teaching and learning materials into the classroom and to participate in sessions.

- Learners were allocated a personal teacher and the learner interviewed felt that her personal teacher had been very helpful. Learner-teacher contact could however be difficult at times as the teacher was based at another college site.

- The learner indicated that access to library and resource facilities were good. The trust had a post-graduate medical library on site which she had found very useful. Other resources were available within the college if needed.

Areas of good practice in the management of flexible learning

- The system of teacher support for learners appeared to work well in this case, meeting the needs of the learners.

Assessment

Assessment of theory

For each module learners had to produce a 2,500 word essay related to the focus of the module. Learners had a degree of choice as to the topic area and teacher guidance was available.

> *To some extent it's negotiated if the student isn't sure of what they're looking at. This morning we were talking about possibilities. Whether it was an appropriate topic. How could they address that in terms of the title? So it is negotiated with me to an extent but I don't say 'Yes, you can do that, no you can't do that' because it's very personal to the student and relates to their clinical practice."* (Teacher)

Learners also had to produce a reflective journal. The learner interviewed had found this reflective journal

> *"hard."*

She had attended a study day on reflective practice and this had helped but she had found it difficult nevertheless. She had chosen to study exercise in pregnancy.

> *"I ended up doing 'Exercise in Pregnancy'. But basically because it had just started I didn't know what it entailed so actually I went to the class and participated and then followed it on from there. I actually found it snowballed. I was quite surprised how interested I got in it and how much I actually learned about exercise in pregnancy that I'd no idea about. But I found it hard to put it down into words and to do it as a reflective study."* (Learner)

Not all learners find it easy to adopt a reflective approach to learning and may need help to do so. It is interesting to note here that this learner had chosen a topic area which did not perhaps lend itself easily to the mode of assessment. The learner was not clear about the amount of teacher guidance she had sought in choosing this topic.

Summary

- Learners had a degree of choice as to the topic area for their written assessment and teacher guidance was available.

Key issues in the management of flexible learning

- Encouraging a reflective approach to learning is important and is a key purpose in flexible learning in that it can help to make the learning experiences more relevant. However learners may need guidance in adopting a reflective approach to their learning. Provision of this guidance has implications for the management of resources.

Assessment of practice

The assessments of theory and practice were linked.

> *"There is a practical assessment tagged onto the theoretical assessment for modules 1 and 2. In that, they have to do a presentation, which is based on the facts that they've put in their written assignment, but is again, as I say, looking at the issue of change within their clinical environment. So even though it's theory*

> *it is actually practice based at the same time. We try very hard to maintain that link between theory and practice. So they do have a 10 minute presentation to do which is linked to the written assignment. They also have a practical assessment by a preceptor who is identified within the clinical area. For the first module, with it being managing practice,they don't have to be a midwife, they have to be a manager. So whoever they choose as preceptor depends very much on the module that they are doing at the time. But we do ask them to identify a preceptor. As soon as they're informed that they are successful and their application has been successful, we ask them to identify a preceptor."* (Teacher)

Each learner had a preceptor in the clinical area. These preceptors were prepared for their role by the college and this preparation included detailed discussions on the pathway content and on the clinical assessment. The learners were able to choose their preceptor and they considered this to be important. Clinical assessments were undertaken in the learner's own clinical area.

There were two brief clinical placements in each module. These placements offered learners a broader view of the provision of midwifery care in general. The learners were able to choose these placements the only criteria being that one placement had to be similar to their own clinical area and the other dissimilar. The learner interviewed had spent time in a large hospital in the delivery suite and then two days in a community setting. She had found both experiences very useful. It appeared however that not all learners were gaining this experience.

> *"I was quite gullible, I remember thinking it was a very worthwhile part of the programme but at evaluation my two midwives and one other were the only ones who had done it (clinical placement). To me that is going over the top of flexibility."* (Clinical manager)

The clinical manager here was concerned about the pathway being so flexible that learners could 'opt out' of a whole section of a module and by so doing miss a valuable experience in a different clinical area from the one in which they usually worked. She considered that the learners had too much

> *"freedom of choice"*

and one consequence of this was that some midwifery managers were not allowing the learners time to attend placements. In an attempt to rectify this situation the teacher had suggested that the placement days become formal study days within the programme. It appeared however, that at validation, days for clinical placements were identified separately from the college study days. This meant that the bodies who validated the programme had to be formally approached before any changes could be made.

Summary

- Learners had the support of preceptors in the clinical area and they were encouraged to discuss their work with them.

- There were short clinical placements in each module but in some instances learners were choosing not to attend these placements.

Key issues in the management of flexible learning

- Clinical placements were viewed by some learners and their managers as optional. In some instances clinical managers did not allow learners study days for these placements. Allowing this degree of leeway may result in some learners' educational experiences being less rich as a result of choices made and has implications for the management of the education process in general. Although in one sense making the clinical placements optional enhances flexibility (a barrier to access is removed), flexibility in another dimension is reduced because of the reduction in the provision of relevant learning experiences.

Evaluation

There was a standard evaluation strategy within the college which operated across all pathways. As with the previous pathway studied, learners evaluated each module by completing an evaluation sheet at the end of the module. The evaluation forms covered a number of aspects of the education process, for example, access, resources, facilitation of learning and content. The college had a department which collated and analysed all the evaluation data for modules and pathways, and the findings were available to college staff. Informal evaluation took place as a continual process within the programme and the teacher asked learners to give her 'feedback' on sessions and to tell her if they were not happy about anything. The group had recently identified the need for more midwifery books within the college library and this had been addressed.

The clinical manager felt that the relationship between the trust and the college had changed in recent years. In the past, she had known her education colleagues very well and any concerns she had about the module/pathway would have been discussed with these colleagues over telephone. She considered that it was important that clinical managers took an active role in the formal evaluation process and always attended any meetings where modules/pathways were reviewed or evaluated.

The teacher commented that the learners did not always recognise that they were participants in planning and scheduling the module content. So, although learners were asked what topics and issues they would like to cover in the modules, during the evaluation of the module, learners often failed to recognise their part in selecting the content.

Summary

- Learners were asked to complete an evaluation sheet at the end of each module/pathway. This evaluation sheet sought the views of the learners on such aspects as access, resources, facilitation of learning and content of module.

- Clinical staff participated in the evaluation process.

Key issues in the management of flexible learning

- Learners did not always recognise that they were participants in the planning of the module content. This raises two issues, both of which have implications for the management of flexible learning.

> Learner need to be made aware of the flexibility available to them.
> Learners may need help in effectively utilising the flexibility available to them.

- The evaluation of flexible learning needs to address the areas of flexibility within the module/pathway. Evaluation methods need to be more collaborative to reflect the changes that flexibility brings to the education process.

Impact of flexible modes of learning on educational experience and achievements

The clinical manager reported that a learner, during her clinical placement, had developed a network group of midwives and physiotherapists from other trusts. This

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had been very useful to the trust in terms of multi-skilled approaches to care. The learner interviewed had chosen to study exercise in pregnancy and now this was something that she mentioned to her clients/patients although she would not have thought of doing so before undertaking the study.
The learner had experienced some difficulties in managing the process of flexible learning. The difficulties were to do with the freedom of choice and from the learner's point of view, there was no framework in which to operate and little, if any, guidance.

> *"I think our era find it difficult to be flexible. We're used to having people telling us what to do and I found that quite hard but everybody just drifted off and did their own thing and providing at the end of it you presented this essay that met with their approval, it was alright. I found that quite hard in the beginning that I wasn't trained like that. But I know that is the way that people learn now. I did find that hard."*

Summary

- The learner considered that being able to choose the topic area for her written assessments enriched the learning experience for her.

- The learner interviewed had found the process of managing her own learning within flexible provision difficult.

Key issues in the management of flexible learning

Flexibility for some learners can be difficult to cope with as their past educational experiences may have been of a traditional, teacher centred and didactic nature. The apparent freedom which flexible programmes offer learners can cause anxieties for some learners due to a perceived lack of structure and guidance.

The purpose of making learning more flexible

The purpose of making learning more flexible was explored.

> *"The flexibility as I see it is that, hopefully, it is the programme of education which is planned according to the individual learners needs in such a way that there is a framework to it but within that framework the post-reg. learner is allowed to be fairly flexible in her learning really. She can actually hopefully suit it to the way she feels most comfortable. The programme is also flexible in so far as it will fit in with another framework that she may or may not undertake. I would like to think that the times and the venues were flexible as well, but I don't think that is true. I think the flexibility has got to be within the programme itself so the people that actually do the educating as such should be fairly broad as well, as well as the methods."* (Clinical manager)

From the viewpoint of the clinical manager and the trust the education programme should give the learners an option to study for an educational and/or professional qualification, or if they wished, the option to study one module which was of interest to them and related to their clinical practice. Here there was an indication that the trust felt that college staff should demonstrate an open attitude which allowed for flexibility within a programme. In addition to this the clinical manager considered that a variety of methods of study should be offered.

The purpose of making learning more flexible from the college viewpoint was to increase the availability of continuing professional development programmes. This

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meant providing modules and pathways which met the needs of the individual practitioner as well as the needs of the trust.

The learner commented that flexible modes of learning was seen to be beneficial to the learning process.

> *"I know that is the way that people learn now."*

This learner was echoing the current ethos in nurse education that adult learning and adult learning methods have a greater value to learners than the previous didactic methods.

Summary

- Flexible learning was seen as a means of meeting the individual practitioner's continuing professional development needs as well as meeting the needs of the trust. The flexibility was viewed however not just in terms of 'ease of access' but as a way of operating within a programme.

Key issues in the management of flexible learning

- Although teachers and manager many make decisions which limit/constraint flexibility it is important that flexibility underpins all of their thinking. It can be argued that flexible learning requires a change of attitude and approach to the learning process.

Management of flexible learning

The education manager and teacher clearly identified that flexibility in terms of content had to be within the framework of the curriculum and the expectations of the validating bodies. The teacher was accountable to the education manager and there were regular meetings of the education staff at which issues concerning flexibility of programmes could be discussed. Although, there were no written statements which delineated the parameters for any negotiations between teacher and learners, the structure and the content of the curriculum was seen as providing a framework for negotiations. In addition to this framework, ENB policy statements on continuing professional education and the provision of the higher award together with the university regulations were considered to set boundaries. Teachers were responsible and accountable for the delivery and organisation of the module/pathway. The teacher considered she was committed to being as flexible as was possible within the constraints of the curriculum and the validating bodies.

Teachers had to travel considerable distances from one site of the college to another but this was an accepted part of the job. Working hours were sometimes 'stretched' in order to meet the demands of the job and occasionally it was possible to 'take time back'. Employment and deployment of staff within the college did take into account the resources that were needed for the provision of flexible learning.

> *"Certainly. We've had somebody returned from a long period of sickness who is now doing a job that she is qualified for but was quite different to the one she had before she went off. She had a long period of orientation not just from myself but from my colleagues. She was oriented into the new Pathways."* (Education manager)

Flexibility was seen as part of the process of change which was currently taking place within nurse education. There was therefore an unspoken expectation within the college that teachers would be flexible in terms of their workloads, work time and location and the subject matter they taught.

> *"Yes.I would think that will go on happening over the next twelve months because as you know we are going into higher education. We still don't know which. But people have to be flexible in this day and age. I mean I myself, for instance, there were three Pathway leaders in the faculty but one has gone to the NVQ department but has not been replaced, so then my colleague and I, have had to pick up her work. So from my background of midwifery, I'm now responsible for mental health and learning disabilities. You just have to be adaptable."* (Education manager)

The college itself was very active in supporting teachers and recognising their professional development needs. There were 'in-service' training programmes for teachers and they were encouraged to attend study days and workshops outside of the college. The majority of teachers in the college at the time of the case study were studying for a higher degree.

Summary

- There were no written statements which delineated the parameters for any negotiations between teacher and learners however the structure and the content of the curriculum was seen as providing a framework for negotiations.

- Flexibility was seen as part of the process of change which was currently taking place within nurse education.

- The college was very active in supporting teachers and recognising their professional development needs.

Areas of good practice in the management of flexible learning

- Deployment of staff took into account the resources needed for the provision of flexible learning.

- Flexibility was seen as part of the process of change which was currently taking place within nurse education. This appeared to be the feeling of the entire college staff and indicates good management in staff development.

Communication between trust and college

The college staff considered that there was good communication between the trust and the college. There were regular meetings with the midwifery managers from all of the local trust when aspects of the pathway and its management were discussed. The registry department of the college sent out 'fliers' to trust managers in advance of the module/pathway starting dates and these managers were kept informed of the programmes that were currently available within the college and those that were 'coming on line'. The college attempted to meet the needs of the trust and provided the education programmes which they requested. The college considered that the trust managers were very supportive of the college and the college staff. The education manager however felt that it was possible that communication between college and trusts would become more difficult once the college had incorporated into higher education.

The clinical manager did not feel that communication between the trust and college was as good as it had been three or four years ago. Then she had known her education colleagues well and would telephone them to discuss any concerns she might have about the education provision. She had felt very comfortable with that level of communication but in recent years the communication had deteriorated and she was now not as comfortable discussing issues over the telephone.

Summary

- College staff considered that there was a good communication between the college and trust. However, the clinical manager from the trust in which this case study was based felt that communication between the trust and college was not as good currently as it had been three or four years ago.

Notes

(1) Although the technical problems associated with this method of data collection can be easily overcome, interviews by telephone can create a barrier between interviewer and interviewee. Every effort was made to reduce the effect of this potential barrier however the quality of the data obtained may have affected .

(2) Part 10 is the part of the Professional Register on which the names of qualified midwives are recorded.

Case Study 6

Introduction and background

This case study was undertaken in March 1995 in a college of nursing and midwifery. As with most colleges of nursing, this college had been formed by the amalgamation of a number of schools of nursing. This meant that the college had a number of sites spread over a wide geographical area. The college offered a variety of educational programmes at post-registration level as well as the pre-registration diploma in higher education with registration for all four branches of nursing. There was an established framework for the ENB higher award and modules offered by the college had been CATS-rated using a system which was validated by the local university. Although the college was not incorporated into higher education, at the time of the case study, this move was imminent. The programme which was the focus of the case study was the BSc (Hons) Advanced Professional Practice/ Higher Award with the emphasis on the flexibility of accessing and studying modules at level 3.

Details of the programme

Details about the level 3 programme taken from the college handbook are given below.

Programme Structure

The programme has been structured into two discreet parts:-

Part 1 - Professional Roles
Part 2 - Advances in Professional Practice

Part 1 - Professional Roles

6 professional roles will be explored:-

1 The Effective Communicator

2 The Facilitator

3 The Change Agent, Researcher and user of Information Technology

4 The Manager/Leader

5 The Health Promoter/Care Provider

6 The Autonomous Practitioner

All 6 modules are compulsory for the Higher Award and BSc(Hons) in Advanced Professional Practice and each one attracts a credit rating of 10 Level 3 Credits.
Table 1 identifies which key characteristics each module aims to address, and examples of the type of assignments that students may wish to negotiate.

TABLE 1
PROGRAMME OUTLINE
PART ONE - PROFESSIONAL ROLES

TITLE	KEY CHARACTERISTICS	ASSESSMENT
The Effective Communicator	1, 2, 3, 4, 5, 6, 7, 8, 10	eg ● Analyze communication activities ● Report Writing
The Facilitator	1, 3, 4, 6, 7	eg ● Use an audit tool to assess the quality of learning environment, analyze and write up findings ● Design, implement and evaluate an educational programme
The Change Agent, Researcher and user of Information Technology	2, 3, 5, 6, 7, 8, 10	eg ● Use of research to identify a need for change design a change strategy
The Manager and Leader	1, 2, 3, 4, 7, 8, 9	eg ● Design a business plan ● Action Research
The Health Promoter and Care Provider	1, 2, 3, 5, 6, 7, 9, 10	eg ● Use an audit tool to monitor standards of care, analyse and write up findings ● Patient/client profile ● Design implement and evaluate standards of care
The Autonomous Practitioner	1, 2, 3,4	eg ● Organise and participate in a debate ● Case Study ● Reflective Essay
		NB Students will be required to compile a learning journal as evidence of achievement of the 10 key characteristics in practice

The aims of each module are:-

Module Title/Module Aim(s)

1 **The Effective Communicator;**

To facilitate the student in:-

- becoming a more confident communicator in all interactions within the health care setting.

- to enable course members to maximise the effectiveness of communication systems and networks within their clinical setting in order to improve and ensure quality of care.

2 **The Facilitator**

- To enable course members to recognise those situations that require a formal or a facilitative teaching approach. In order to maximise the effectiveness of the teaching/learning process within the clinical setting.

3 **The Change Agent, Researcher and User Of Information Technology;**

- In relation to their own sphere of professional practice. this module endeavours to assist the course members to:-

- Explore a selection of change theories. process and practices and relate them to managing change in clinical practice.

- To enable course members to recognise the value of research and information technology in developing a change "strategy" and thereby become an empowered and a more effective change agent.

4 **The Manager/Leader**

- The objectives and content of this modules have been designed to present key theoretical principles and then to encourage group members to explore and apply these principles to their clinical practice area

5 **Health Promoter/Health Care Provider;**

- To promote personal reflection and consideration of the diversity of the concepts of health and illness.

- To explore a number of contemporary health issues including the nature of health. promotion and their significance to health care eg The Health of the Nation.

6 The Autonomous Practitioner;

- Explore concepts of professional responsibility and accountability in order for them to identify the legal and moral issues that affect clinical decisio making.

A generic approach to the delivery of theory has been adopted, in order to enable students to share resources with co-professionals and also to enrich the learning experience.

Within each module a broad range of issues will be addressed to enable the student to appreciate the many facets of professional practice. Depth of learning will be expressed through the assessment strategy whereby students will be required to study a particular aspect of the module in depth for example within the Autonomous Practitioner module. Students may negotiate with the teacher and manager to use a case study from the practice area to evaluate their performance as a patient advocate. They will be expected to assess their acquired knowledge/skill and use this as a basis for discussion and to inform future practice;- "how could I do it better next time?". This approach firmly links theory with practice and provides a forum for service personnel to participate in actively supporting students.

Part 2 Of The Programme The Dissertation

AIMS AND OBJECTIVES OF THE DISSERTATION

The aims of the dissertation are to encourage students to enhance the quality of care in a defined area of practice by linking in-depth study of theory with reflective application in their professional practice.

OBJECTIVES

At the end of the period of study all students will write a dissertation of approximately 12,000 words. This will require selection of a topic for in-depth study which is relevant professionally and which will promote integration of appropriate Key Characteristics from the ENB Specification into the students' professional practice. It will provide evidence of ability to do the following:-

1 Apply higher level thinking/cognitive skills to the design and implementation of a logical plan of independent study in order to meet an appropriate deadline for submission of an extended piece of written work.

2 Critically analyze and soundly evaluate a wide range of relevant literature, including research studies.

3 Apply knowledge acquired from experience and from analysis of relevant literature to the exploration of work-based professional practice.

4 Reflect on the discovered links between theory and practice and synthesise these into a description of how quality of care may be improved.

5 Produce a dissertation which is logically-organised, clearly-written, and which contains well-balanced arguments.

DISSERTATION GUIDELINES

The dissertation is a major part of the Higher Award programme, and constitutes 50% of the eventual classified Honours degree. It gives students an opportunity to choose an area of professional practice for in-depth investigation. The topic selected should be relevant to the quality of their professional work and must relate to some of the themes arising from the Higher Award modules and the Key Characteristics already studied.

The dissertation will be approximately 12,000 words long and will comprise a literature review and an evaluation of discovered links between theory and clinical practice.

The literature review must be wide-ranging and must include a critical evaluation of the major research-based theories current in the chosen field of study.

The theme of linking theory and practice is an essential element in the dissertation. Students may, if they wish, undertake a small-scale research project to be included in the dissertation report; alternatively they may present a critical analysis of their reflections on day-to-day professional practice in the light of published research.

To guide and support them in planning and carrying out the work necessary for a successful dissertation, they will have two supervisors. One will be an academic supervisor who will supervise the whole process from selection of topic to final assessment and grading of the dissertation. The second will be a practice-based supervisor, who will be an experienced practitioner who will supervise the linking of theory and practice, and who will verify the accuracy of the written description of your activity in the workplace.

In addition to regular contacts with supervisor, the College will offer a supportive learning programme open to all dissertation candidates. This programme will include didactic sessions on research evaluation and methodology, accompanied by discussions with successful graduates on the process of planning and writing a dissertation. As well as these open sessions, students will be assigned to a critical group led by an experienced tutor in which students will be encouraged to update one another on progress with their topic and to share critical insights.

Planning and history of the programme

The amalgamation of schools of nursing and midwifery to form the college had resulted in a number of centres offering continuing professional development, spread over a wide geographically area. These centres originally all ran the same programmes but with different curricula and approaches. The senior education manager had been appointed to develop a 'corporate approach' to continuing education across the college and to design a framework for the ENB higher award scheme. This framework was devised in close liaison with trust colleagues. A group of representatives met in a hotel for a weekend in order to develop the framework. Modules had been developed by planning groups which included college and clinical staff who both represented the interests of the the trusts and ensured that the clinical component of the modules reflected the practices in the clinical areas. When the modules were written they were sent out to practitioners and managers in the trusts for discussion and feedback.

Collection of data

Nine individuals were interviewed.

Senior educationalist - responsible for the provision and quality of continuing professional development within the college. She had been appointed to design the ENB higher award framework which encompassed the BSc (Hons) programme.

AP(E)L co-ordinator- responsible for the management of AP(E)L within the college including the process of awarding credits.

Teacher - had managerial responsibilities for the framework and for the delivery of the BSc (Hons) programme in particular.

Learner 1 - senior nurse manager who had an almost unique role within the trust in that she spent 50% of her time undertaking a clinical role.

Learner 2 - an experienced nurse who was currently working as a clinical nurse specialist, a post she had held for the past four years. Prior to that she was a ward manager and covered the same area of patient/client care.

Learner 3 - member of a house team responsible for the care of individuals with learning disabilities.

These learners were all taking a 'fast track' approach to the programme which meant that, if successful, they would be awarded the degree within two years.

Learner 4 - mature nurse who worked in an acute care setting, a day surgery unit. This learner had decided to plan the number of modules she would study each year and spread the programme over three years.

Senior nurse manager - previously a clinical nurse specialist but in her current role was responsible for the management of the intensive care and cardio-thoracic surgical units. The cardio-thoracic unit had only recently become part of her remit as a manager.

House manager - 'headed' up the house team. Each nurse within the house had 24-hour responsibility for the care of one or more of the residents. The role of the house manager was to support the staff in their roles and to ensure the provision of the resources that were needed.

Learner 4 was interviewed by telephone. The interview was tape recorded and transcribed in the same manner as the data from other interviews.

Questionnaire date

The dimensions of flexibility reported by the education manager in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust...

Name of contact person.... ....

Telephone number.... ....

Title of module/course... BSc HONS ADVANCED PROFESSIONAL PRACTICE

Is this a module or course? Please indicate with a tick . Module ☐ Course ☑ Degree Level part of Course

If module, please indicate level..

Total number of hours of learning for module/course 6 x 75 hr Modules + Dissertation Year.

CATS-rating........ 120 Level 3..

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	
2. The institution offers this module/programme at more than one location	✓
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	✓
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	✓
3. Module/programme offered as one of a choice of a different group of modules on each occasion	
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	
3. Learners are able to negotiate to use a mode of study of their choice	✓
4. Mode of study specified by the teacher, institution or external agency	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

* Has run with a minimum of 6 students

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	
2. Some choice for example two or more entry points during the year	✓
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	
2. Specific qualifications required	
3. Range of qualifications and experience accepted	✓
4. Evidence of learning from appropriate experience accepted (eg APEL)	✓
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	
3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time	✓
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	
2. Negotiable finishing date	
3. Negotiable within a fixed time span - up to 5 years	✓
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	
3. One payment in full at fixed point during the module/programme	
4. Payment by cheque or cash only	
5. Payment by credit card accepted	
6. Direct debit payment over several months	✓
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	✓
5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL	
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	✓
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	
3. Teacher/trainer + other people such as specialists or peers	
4. Teacher/trainer + other resources and people	✓
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	✓
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓
5. Access to tutorial support restricted to working hours	
6. Tutorial support available outside working hours	✓
Pace of progression through the module/course	
1. Pace determined by the tutor	
2. Pace negotiated between the tutor and the student	✓
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

* APL/APEL Level 1 & 2 only

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	✓
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	✓
Assessment of practice	
1. Same criteria for each student	
2. Criteria based on individual student's learning needs	
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

* If there is difficulty with meeting the submission deadlines, the student may negotiate a new date.

* Practice skills are not assessed on this programme, the student provides evidence of achievement of 10 K.C. & the verifier verifies it.

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data the following dimensions of flexibility were explored in some detail.

- entry requirements
- location of module/programme
- modules/programme choice
- starting date of module/programme
- mode of attendance
- finishing dates
- payment for module/programme
- content of the module/programme
- resources for teaching and learning
- access to teacher guidance
- pace of progression through the module/programme
- pattern of summative assessment of theory and submission dates
- method of summative assessment

Access and provision

The programme was formally advertised by the college and posters were distributed to all local trusts. In addition, the college had travelled to the trusts and had organised information sessions which were designed to help staff in the trusts understand the framework and the opportunities it offered for continuing professional development. The teacher thought this exercise was particularly useful as, on occasions, the trusts continued to support applications from potential learners who did not have the academic background

> *"to launch into degree level".*

To gain a place on this programme, learners had to demonstrate that they had achieved diploma level knowledge (that is Level 2) as well as having a sound knowledge base in their own particular area of professional practice.

Many of the learners had heard of the programme through 'word of mouth' from other learners. Some had been particularly drawn to the degree programme because it offered the opportunity to pursue topics and areas of study which directly related to their clinical practice. Potential learners were encouraged to talk informally with the teacher prior to making a formal application. This offered the learners the opportunity to ask questions and the college staff the opportunity to ensure that the learners fully understood the commitment they were undertaking. Applications were processed through a central office within the college and all potential learners received an application form and an AP(E)L pack. Potential learners were invited to attend an 'AP(E)L viva' during which the interviewers encouraged the learners to discuss their prior learning and to explore whether such learning could be accredited.

The programme operated on a number of college sites and the start of the programme rotated around these sites or centres. This arrangement meant that learners were offered the choice of travelling to a particular site to start the programme or to wait until the programme started on a site nearer to their home or place of work. Learners had to start the programme with the module entitled The Effective Communicator and and finish the programme by studying the module entitled The Autonomous Practitioner. The remaining four modules could be studied in any order the learner chose. This meant that if they were willing to travel they were not restricted to waiting for a module to be offered on a particular site as the teacher explained.

> *"A student may access the programme on one centre but by virtue of the fact they've planned their progression through the programme it doesn't mean to say they have to just access it at that centre and wait*

> *for the modules to come around again because we're a multi-centred college they can look around the college to see when the next accessible time would be for them and join another cohort there. Now that's an advantage we have being such a large college with multiple sites and that's good. Other people want to start as soon as possible and because we had spring starts they've started in the spring knowing full well that they don't intend to have to travel to say (Town 7) which is over the other side of the region for the whole of the programme and then waiting for it to go back more locally and that's a great, dare I say it, seller, because students who access traditional university programmes do not have that facility. I mean they don't have many of the access facilities that we provide. This is the programme, quite often, and that's it. This is where it starts and this is where it finishes and any extended time, you negotiate."*

There were fixed starting times for the programme but learners were offered some choice here and were able to begin the programme therefore at a time which suited them. This had been particularly important to learner 1.

> *"I was given the option, this was all last year, to start in March, or the September, but they were quite keen I should start in the March. I was too, initially, but then there were difficulties at work. My commitments were great and I knew that I wasn't going to be able to manage that so I asked to defer to September/October which is what I did."*

Learners were able to 'fast track' through the programme which meant that they were able to complete the programme in two years. 'Fast tracking' meant that learners had to access the modules in the order of Module 1 through to Module 6 . However, learners also had the option of completing the programme within five years of the time of registration for the first module. This gave each learner the opportunity to plan their study to meet their own long term commitments and they were able to progress through the programme at their own pace and within a time span which was comfortable for them. Finishing dates for the programme therefore varied to meet the needs of the individual learner. Although the finishing dates for individual modules were fixed, a learner could negotiate more time if need be. This was dealt with on an individual basis as and when the situation arose.

Learners were advised to attend the study days as indicated by learner 2.

> *"I think if you hadn't have attended them, you could have easily got away with attending every other one or whatever. But the thing was that they were giving you information that you would need for your assignments. So it wasn't just a social gathering it was planned lectures for that day. I think I only missed one in that first year due to sickness but I felt that I wanted to attend them. I don't think we were ever told that we could negotiate attendance not that I can remember. We were just given the impression that it was advisable to attend them*

At the time of the interview, learner 1 was aware that she would have to negotiate her absence from the next study day due to a work commitment but she did not consider that this would be a problem. However, she did indicate that she did not wish to miss any topic even if she had already covered it because

> *'I always have the fear I will miss something or they might have a new angle on it.'*

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All the learners who were interviewed had had their fees paid for them by their trusts through the regional contract, however this was not the case for all learners currently studying the programme.

> *"Currently we're in a situation where there is no payment, as such, I say that with tongue in cheek because officially what we've got from our region is that providing we can resource the programme within our current resources then we can in fact . I don't like to use the term free of charge but of course without it. We incur indirect expense on the student or the trust. However, having said that, that's only for people who are moving within the (the college) catchment area for those outside of (college) catchment area we do charge and currently there is a cost of £1300 for the whole programme. There are different ways of paying. We have most of those who are funding themselves from outside (college) catchment area paying on a sort of Direct Debit basis over a period of time. We are also in a position I know that one or two students are getting 50% funding and 50% from themselves."* (Teacher)

Summary

- Learners accessing this programme had to have two years professional practice and had to be able to demonstrate that they had diploma level knowledge. The college had an AP(E)L scheme which offered learners who had not formally achieved diploma level the opportunity to demonstrate this level of knowledge via the AP(E)L route.

- The programme operated on a number of the college sites. The starting point of the programme rotated around these sites.

- The programme was offered in March and September and starting dates were fixed. Learners were however offered the choice of a place on the programme in March or September.

- Learners could 'fast track' through the programme in two years or take up to five years to complete their study. This flexible period for completion meant that the learners were able to pace their studies to meet their needs.

- The learners interviewed had had their fees paid for them by the trusts through the regional contract, but there were some learners who were supporting themselves. There was some flexibility in the method of payment.

Key issues in the management of flexible learning

- The introduction of flexible learning within a college requires a different approach to both the management and delivery of the modules/programmes. In this case, nurse educators and representatives from the trusts met over an extended period to plan the framework for continuing professional development and the ENB higher award.

- Colleges need to market their modules/programmes to make practitioners aware of the flexible options available to them for continuing professional education.

- Some of the learners had been particularly drawn to the degree programme because it offered the opportunity to pursue topics and areas of study which related to their clinical practice. There is clear evidence here that learners are motivated to study a module/programme because of the flexibility it offers them.

- It is interesting to note that that one learner did not want to miss a session because although she may have covered the topic before she was anxious that she might miss something or that there may be new information on the topic. Clearly this learner realised that knowledge was not static and there was a necessity to revisit topic areas. However there is also an indication here of the learner's insecurity about making choices concerning attendance at teaching sessions.

Areas of good practice in the management of flexible learning

- The way in which the programme was planned illustrates the importance of taking the introduction of flexible learning seriously.

- The programme operated on a number of the college sites which increased the flexibility of the programme.

- Learners were able to vary their pace of progression through the programme. They could 'fast track' through the programme but it was also possible to complete the programme over a five year period. Those who took the 'fast track' option lost a degree of flexibility however because they had to complete the modules in a pre-specified order.

Teaching and Learning

The learners were able to negotiate a proportion of the content of the modules. However, the teacher explained that learners sometimes had difficulties with this arrangement.

> *"We start off with a set content. I think it's true to say particularly, obviously when the programme was first up and running we had a set programme but we've evaluated and we've reviewed on the evaluation. Many of the modules have undergone quite a lot of change but I think overwhelmingly the vast number of them have just made minor changes on the basis of the evaluation. I think one of the problems is that I don't think students know what they should expect and they taste the module and they assume and I think this is true to say, that this must be degree level. This is what's in it, this must be what a degree's about and they start off the programme a bit like that, even though we say tell us, 'If there's anything that's not quite right in terms of your needs, let us know.' But as they progress through the programme I think they become a little bit more aware, a bit more assertive or whatever, and hopefully that's part of the learning process or whatever, and they begin to say, 'Well I would have liked a bit more on . . . . .' So those modules that may be criticised, interestingly enough, I don't know whether this is phenomenon - or I've changed - tend to be the later ones when the students have developed or have moved on and probably realised that degree level learning is not about it's content but the level of thinking that's important and the way they articulate in intellectual material and then they begin then to realise that the content itself is about their needs as much as anything else."*

Learners did not all agree that they were able to negotiate the content and the majority considered that the content was fixed with little leeway for deviation. One learner however indicated that there was an

> *"openness"*

within the programme and modules and if anybody had a strong desire

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to pursue a particular topic then the openness to negotiate was there. It was evident, however, from the learners interviewed that, to date, none of them had attempted to negotiate either the content or the mode of study at any time. Learners agreed that they were encouraged to participate in sessions and this they valued. Resources available to the learners depended on the location of the college site on which they were studying and the location of their home and work. The college expected that the learners would produce type written assignments. One of the learners interviewed had purchased a word processor. Word processing facilities were available in the college but the inconvenience of having to travel to a college site in order to use them meant that purchasing her own was preferable. For this individual, the purchase represented a considerable outlay which had significantly affected her finances.

Learner 2 had indicated that the library resources had caused some problems.

> *"Well I certainly think there was a lack of books. We always seem to be fighting over the same books and in fact most of us ended up buying a lot of the ones that you needed. You just couldn't get hold of them. So that was the biggest problem. Things like Cinahl, CD-ROM, they were all very easily accessible, there was not a problem with those. Journals didn't seem to be a problem either, it was just mainly the text books*

Learners were free to use the facilities of all college libraries as well as the university library. In addition to this, there were often library facilities available on the trust sties. Problems had arisen because some topic areas were common to a number of study programmes, for example, 'communication'. Texts on these common topics were in short supply which meant that often a large number of learners would be 'chasing' a limited number of books. One learner had decided to purchase the books necessary for this particular module because she had not been able to obtain the books from the library at the time she needed them. At the end of the module she had been left with books that she felt she would never need to use again.

Library opening hours did not restrict access. Overall, there was always one library which was open until 20.00hrs although this sometimes meant that learners had to travel in order to use the facilities. Learner 4 had found the librarians generally unhelpful at the university library although selection of material was greater. She preferred to use her local library where the librarians were very keen to help all learners although the amount of material available was limited by the size of the library. Inter-library loan facilities did operate over the college sites so it was possible to access the material the learners needed even if it was not available in their local library.

On average, three or four teachers were responsible for the organisation and delivery of each module and these teachers also provided the academic support for the learners whilst they were studying the module. Learners also had a personal teacher who provided continuity of support throughout the programme. The teacher felt that there were additional aspects to the role of personal teacher, brought about through the ENB higher award. These included the need to promote academic learning and reflection, the latter enabling learners to complete their personal portfolio. Whilst three of the learners interviewed were very clear about this support system, Learner 2 appeared unclear about the role of the personal teacher.

> *"We have a personal tutor per module which is usually one of the tutors. There is often two or three tutors per module and they would divide the group up between them so that you've got access to them throughout the module and throughout your assignment to go and see them. There wasn't one set person for the whole year. There was, I'm not quite sure what you would call J. I suppose she was my personal tutor who I could go to if I'd got any problems. But*

> *mainly the tutors per module kept you with them. So I could have gone to J at any time if I'd felt there was a problem because they knew what the content of their module was. They felt they were better able to guide us."*

All learners were given written information on the role of the personal tutor, and it was entirely for the learners to decide whether or not they would use this support system. A number of personal teachers and dissertation supervisors gave the learners their home telephone numbers and some offered the learners tutorials on Sundays. None of the learners interviewed had had a great deal of contact with their personal teacher but they did not feel unsupported in any way..

Most of the learners on this programme had chosen to use the 'fast track' option and complete the programme in two years. It was possible for learners to devise their own study plan and had five years to complete the programme from the time they registered for the first module. In this way the learners could pace their study to meet their own needs and to fit in with their home and family commitments. There was also some flexibility in the time span within which learners were expected to complete a module although this flexibility was limited.

Summary

• Although the college considered that learners could negotiate the module content and mode of study, the learners interviewed had not exercised this option. The learners overall felt that the content and mode of study was fairly rigid, although one learner felt that there was an 'openness' and willingness to negotiate amongst college staff.

• There were a number of libraries which learners were able to use. Whilst overall, library facilities were considered to be good, there were insufficient books on particular topics such as communication.

• Learners had academic support from a named teacher during each module. In addition to this support, they were each allocated a personal teacher who remained with them through the entire programme.

• As learners had five years in which to complete the programme there was some flexibility in the pace of progress. Learners were able to plan their study to fit in with their lifestyle, the needs of their families and the demands of their work.

Key issues in the management of flexible learning

• Learners need good teacher support systems for flexible learning. However it can be difficult to communicate to learners, the support systems which are available to them.

• Learners need help in developing the skills and knowledge necessary for the negotiation of content.

Areas of good practice in the management of flexible learning

• At the beginning of programmes learners often do not know their learning needs. Learners should be able to develop into self-directed and autonomous learners as they progress through a modules/programme. There was evidence in this, that this appears to happen in this programme.

Assessment

Assessment of theory

Learners were required to complete a written assessment for each module and in addition they also had to produce a dissertation as the final component of the programme.

The module assessments were a standard length of 2500 words, maximum. However learners were able to negotiate the nature of the assessment as the teacher explained.

> *"We do however, encourage alternative modes of assessment. Because of the negotiable aspect of the programme we do encourage students to be looking at their clinical practice area and look at perhaps what might be useful to their trust, to their specialism and also to themselves in terms of the degree programme. Also we have to consider this is the higher award as well and about integration of the 10 key characteristics. So we have a liaison process where I've introduced a scheme where the student.talks over possible areas of assignment with their clinical verifier, who's from their speciality, and agrees a rough outline or area where they might wish to tread and then they come and talk to the academic supervisor over the feasibility of this particular focus and if it's agreed, by all 3 parties, then we have a form, an agreement and signatures are put on it and subsequent tutorials are monitored for that and changes made accordingly. They are negotiable, as I say, and the students then can respond to trust needs. For example, we had one midwife who's own trust required a video on underwater births and we get quite a number of clients wishing to have this particular mode of delivery. But there was no information in the trust outlining a health education basis what was involved. So one of the trust managers mentioned this to the student, the student got very excited about the idea, she developed a video and demonstrated the process with some accompanying literature and she did an analysis and a justification for the video and she presented both; one to the trust for them to use as health promotion and one for assignments. So that was good. Another one, for example, was already wanting to implement an audit document for the trust, for a clinical area. She wanted to evaluate it's effectiveness which she did, and she did that for the trust and she presented it for one of her assignments."*

Here learners were being encouraged to use the assessment to develop a tool for example which would be useful to the clinical area and therefore the trust. By linking assessment work in this way, trusts could see some benefit for them from the degree programme. Such measures therefore encouraged the trusts to support individuals on this programme. Here was an example of a college of nursing and midwifery working with trust staff not only to enable professional development but to enable major developments in the delivery of care. In addition to this, learners were able to choose the mode of the material to be presented for assessment.

Summary

- Each of the modules had a written assessment and in addition the learners produced a dissertation as the final component of the programme.

- Learners had to use the written assessments to focus on an area of their clinical practice.

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- Learners were encouraged to submit assignments in a variety of forms for assessment. For example an assignment could be the production of a video.

Key issues in the management of flexible learning

- Offering learners the option to choose from a variety of forms of assignment for assessment has implications for the parity of workload between learners.

Areas of good practice in the management of flexible learning

- The emphasis of this programme was on practice and linking theory to practice. Learners were able to choose topic areas which would be useful to both themselves, as practitioners, and their clinical areas. This approach increased the relevance of the educational experience.

Assessment of Practice

Practice skills were not assessed at degree level during this programme. Learners continued to work in their own clinical area. Each learner was able to choose a clinical verifier who worked in the same clinical area as themselves and who had expert clinical knowledge. The verifier's role was not to assess clinical practice but to verify that the learner was integrating the ENB 10 key characteristics into their clinical practice and to verify that learners were extending their knowledge base in the appropriate areas of clinical practice, so achieving the learning outcomes for the higher award. Learners subsequently provided evidence of achievement of the 10 key characteristics within their port folios.

Learners identified the person they wished to be their clinical verifier and notified the college. The chosen individual then attended the college for a one-day induction programme which covered details of the BSc (Hons) programme, the role of the verifier, the construction of port folios and reflective practice. The college staff and the verifiers met three times a year to discuss developments of the programme and these meetings also served as support sessions for verifiers when necessary. As the theoretical assessments for each module and the final dissertations were closely linked to the learners' clinical practice, verifiers often helped learners with their written work as described by Learner 1.

> *"Well obviously being a manager I actually manage anybody else that has any input into this particular specialist topic area. But very fortunately, one of my colleagues comes from a nurse teaching background and is probably as knowledgeable as me about the actual subject of genetic counselling. I have no problem at all about going to her to talk through anything I wish to talk through and she doesn't have any problem about critiquing my assignment. It's all quite constructive*

The ability to choose her clinical verifier had been particularly important for this learner. The college suggested that the learners consider chosing their immediate managers to be their verifiers. However this particular learner was herself the nurse manager of the area and her managers were medical personnel. It would therefore have been inappropriate for one of them to act as her clinical verifier. So choosing a nursing colleague who was a member of the learner's staff was, in this instance, more appropriate

The two clinical managers who were interviewed were acting as clinical verifiers for members of their staff. Neither manager could remember a great deal about the verifiers' induction day with the college staff. The house manager appeared very unsure of his role and felt that the process for him and the learner had not been that successful.

> *"Truthfully, I suppose it's not that successful in many respects. Partly because I'm not dealing with a student, I'm dealing with somebody who is well able, to all intense and purposes, to implement the theoretical work that is being covered on the BSc applying it to here. I would say that it was something that I probably overlooked going back to the beginning of the course. We picked it up a little later on when they were asking for people to verify. I mean in real terms I'm not doing a great deal of that."*

An information pack was available for clinical verifiers detailing their role and the teacher had clearly indicated that he could be contacted should there be any problems with ambiguity of the role.

Although the other manager did not have a clear idea of her role, she had created a partnership approach which she felt was working well.

> *"Well, as this is the first student we've had and I don't know, this is I'm sure, partly my fault and partly her fault or whatever, but I may be feel as though we don't meet as formally as may be we could or should. But that's not to say that I don't know what's going on because the student does come to me. For instance, with an assignment recently which was about health promotion and because I'm working in an acute speciality in intensive care, health promotion always sounds like one of those slower more chronic things that you do in the community. So she was racking her brains and we thought, 'Ooh dear, what do we do about health promotion in an acute speciality like this?' And so she required some help in thinking about how could she tackle this assignment so she came and discussed it with me and off the top off my head I couldn't come up with anything either. So what we did was, I took a copy of her assignment or the choices of assignment that she had and I went away and had a big think myself about how I thought it would be relevant and came back to her with a couple of options. One of which I thought was potentially quite exciting, looking at a patient with chronic respiratory failure who is partially on home ventilation and who had major psychological problems whilst they were here, and wife and family, and the whole thing, and was here for a long time and so on and so forth. I suggested that might be an interesting case study to look at the health promotion aspect of a patient like that. You think that you don't do it here but you do, but it just required a bit of bigger thinking. So between us, we discussed that and she could see the relevance of it and once I'd thought about it it would be interesting and relevant to our area. So there is a dialogue there. So I do feel in touch but may be it's in a more informal way and I am not quite sure if it should be more formal. But I certainly feel in touch with the student."*

This had been the first time this manager had acted as clinical verifier for a member of her staff undertaking this programme. She had felt that her and the learner should have met more formally, sitting down together away from the clinical area, to discuss the learners progress. However the support given to the learner by her manager had to co-exist with meeting the needs of the clinical area and delivery of client/patient care. Therefore the process had been one of brief discussions and identification of potential difficulties. Learner and manager would spend time separately thinking about issues and difficulties, meeting again briefly to discuss possible action to resolve the problem.

Whilst the learner had found this process helpful, the manager felt this process was 'informal'. She felt guilty because she was not able to offer the learner more time to sit and discuss and resolve issues 'formally'. The two learners to whom these two managers were clinical verifiers had no problems with the arrangements and felt happy with the relationship they had with their verifiers.

Summary

- Practice skills were not assessed at degree level during this programme. Learners continued to work in their own clinical area. Each learner was able to choose a clinical verifier who worked in the same clinical area as themselves and who had expert clinical knowledge. The verifier's role was not to assess clinical practice but to verify that the learner was integrating the ENB 10 key characteristics into their clinical practice and that learners were extending their knowledge base in the appropriate areas of clinical practice, so achieving the learning outcomes for the higher award. Learners subsequently provided evidence of achievement of the 10 key characteristics within their portfolios.

Key issues in the management of flexible learning

- The role of the clinical verifier is an interesting one in the context of flexible learning. These individuals do not assess learners but verify the learners' extension of their knowledge base. How that differs from assessment is not clear. The two verifiers had problems understanding their role which has implications for the management of the assessment verification process.

Evaluation

The modules and the programme were formally evaluated as part of the college evaluation strategy.

The formal evaluation took place at the end of each module, at the end of each year and at the end of the programme. However, the module leaders frequently spent time with the learners listening to their comments on their education experiences. All module leaders were quite willing to change sessions within the modules to meet the needs and circumstances of the learners. The teacher responsible for the BSc (Hons) programme offered an example of how the college had responded to the comments of the learners.

> *"One important one was the interpersonal skills which we have a very, very well qualified group of teachers teaching it and they did start off doing a lot of experiential stuff, as one does in a first course situation and the students actually said they felt that that was good but they had a problem with the theoretical framework in which this experiential learning was taking place and opted or wanted less of the experiential and more theoretical input which was basically, they wanted to be a bit more didactic, and so it did have an impact on the content as well as the delivery I think. That's what I felt mostly in mind because the teachers then went back as they were going through the programme they altered it in line with that but had a rethink for all the subsequent module/programme."*

Overall the learners felt that the college listened to their comments and responded appropriately The learners valued and appreciated

> "*being treated like adults*'"

during the evaluation process. One learner however did raise a query regarding the evaluation questionnaire.

> *"I've never been entirely sure that it was asking the right questions."*

However this learner was rather vague about what the right questions were.

Summary

- The modules and programme were evaluated both formally, as part of the college evaluation strategy, and informally by the module teachers.

- Learners felt that the college did listen to their comments and had responded accordingly although there were some reservations.

Impact of flexible modes of learning on education experience and achievements

The main impact of the flexibility for learners had been the choice of topics for the written assignments and the way they were able to link this written work to their clinical practice. This flexibility had resulted in learners changing their clinical practice and improving patient/client care as indicated by the house manager.

> *"But he's saying, 'Look I'm doing this module this would be very useful, there's some information here that I can do both theoretically and experientially,' and looking to change the understanding and the awareness of the individuals because there's six new people have recently started all over in the last six months so it's very much a new team."*

In addition to this one learner stated

> *"the flexibility of it has enabled me to do it."*

This learner was referring to the fact that she would not have been able to leave her job and undertake a full-time degree programme and that she had been able to organise her study around her work commitments. However, she did indicate that working in clinical work full-time and studying for a qualification was very difficult.

> *"its been difficult at the end of the day after a twelve hour shift and to have to then get your books out."* (Learner 2)

Learner 4 had been determined to study for this qualification but admitted that being able to plan the number of modules she intended to study each year had certainly made it easier for her. She had been able to enjoy the learning experience much more and had been able to pace her learning which had meant she had been more relaxed about her study.

All of the learners interviewed indicated that being able to be accredited with previous learning was one of the reasons that they had found the programme attractive.

> *"Well I think I was attracted to something like this before this ever existed because I've been in nursing a fair while now. I have been a person that's always been giving something. I've accumulated quite a lot of courses and bits and pieces that I very much wanted accredited and wanted to go towards something that was recognised in the clinical field. I'd already decided I didn't want to go off on a full time management type I do want the clinical role and this seemed like the ideal opportunity. So when I found that they were going to have this system in nursing whereby look at accrediting what I've*

> *done before I was there, ready and waiting and banging on the door. I went and had quite a detailed chat with P (teacher) in the first instance because I really wasn't sure what level was being looked for and whether what I had done was going to be suitable or was I going to have to fill in and do other work beforehand. And I was encouraged that she felt that I probably could pull this together and accumulate enough credits. So I had a go and I sent it all in. That was assessed and then I had a fairly lengthy interview with her again and with J.and they just talked through perhaps some of the content and about writing learning outcomes for some of the work that I'd done previously, and it filled the bill. I think that there's a lot of nurses like myself, who have put a fair amount of effort into all kinds of things that are relevant at the time, to the posts that they're in. A lot of it goes unrecognised both by their peers and by other people and therefore you get demoralised yourself. Whereas you put a lot of work in it and it is of equal academic value to a lot of other courses and degrees and things that are going on but it's not given that amount of credit. That's really the angle I was at. I was as good as the next man and I wanted to show that I am."*

For this learner the AP(E)L option had meant that she had been able to access the programme. She talked of developing her skills of reflective thinking as a result of studying the programme and this she had used to the benefit of her patients/clients.

Summary

- Learners indicated that the flexibility of being able to choose topics for written assessments had impacted positively on their educational experience and achievements in their clinical practice.

- It was important to learners to be able to decide their own pace of progress through the programme.

- AP(E)L had not only made the programme attractive to all learners and had enabled and encouraged learners to access the programme.

Key issues in the management of flexible learning

- AP(E)L is a difficult concept to grasp and it may be difficult for some practitioners to understand the educational significance.

The purpose of making learning more flexible

For the senior educationalist the purpose of making learning more flexible was as follows.

> *"It's to enable more people to have access to educational programmes that meet their precise needs so that they don't have to repeat learning unnecessarily and actually undertake learning which is appropriate for them at the right level, at the right place, and addresses the needs of the client group that they are caring for. So if in the framework there isn't a particular programme to meet the student's clinical needs they can negotiate a personal programme of study. Even if there is a programme available, for example, Care of the Elderly, we've had students who say "I wish I could do neurosciences module because the majority of my patients have a neurological problem." This in fact they can do. There are problems with the degree level programme in terms of access and*

> *flexibility because the university are more prescriptive at degree level. We have to work with their rules and regulation. This does cause us some concerns as we are trying to ensure that flexibility is maximised without compromising quality."*

The teacher considered that the purpose of making learning more flexible was to promote access.

> *"I think it's to promote access. Make learning more available to more potential students. It's sort of waking up and realising there are a lot of people out there that aren't able to come between 9 and 5 every Thursday because their off duty will not permit them to do so. And because when they are off they have family commitments and other domestic arrangements to meet. So it's widening up the opportunities for people to come. And this is being done by having modules for half day 9-12 for example and this means then that students can still meet clinical commitments by perhaps going on a late duty afterwards and still have days off to spend with family commitments. So I think that's the sort of positive aspect of it and I firmly believe that's true. I think that's the road that college has gone down in a sense of widening it up and making it more accessible and I think that's probably the philosophy of it. My own opinion of that is that although I do go along with that, that's very relevant, I sometimes question the rationale and whether or not people really are aware of what access is meant to be. To me access doesn't mean that managers opt out of their obligations to support staff or education and thereby promote care. Many people see it as a cheap alternative. Well I mean they don't lose as many students off their clinical area for so long a period of time. I can get more through. So I think it's a double edged sword."* (Teacher)

By becoming more flexible the college had enabled practitioners to work full time and study for a degree.

> *"I think it makes it easier for nurses who want to do further academic studies that don't want take full time out at a university or college and live on a grant or give up work for a year. It's still allows you the flexibility to maintain your job but also gives you the support of doing a part time course. Certainly in the past I've done Open University and I found that was much more difficult not having the support of a group there. The one day a week, meeting everybody, talking things through, certainly made it a bit more meaningful and you got a lot more feedback of how you're doing."* (Learner 2)

The purpose of making learning more flexible from the trust's point of view was to provide programmes that met the needs of the practitioners without affecting the provision of client/patient care.

> *"Flexibility for the trust first of all, that would be flexibility in terms of it fitting in with the off duty because things are so demanding at the sharp end, people have gone off sick, you're literally short on the numbers and you're actually looking for something which isn't going to be so rigid that it really impairs your ability to plan the off duty and everything. And plus you have people working lots of different kinds of working patterns. May be it's a bit easier on an early like this because we've got a large number of staff and more than one G grade sister, so there's always somebody else to cover*

> *but I don't suppose it's that easy in other areas, I don't know. Flexibility for the student. It depends how flexible the programme really is because I knew that the programme was in this other city down the road and that the study days were every Monday and that was a fixed thing. So we've worked round that."* (Senior nurse manager)

Summary

- Access to education was a key-stone in terms of the purpose of flexibility, making learning opportunities more available to more nurses.

- The trust indicated that they wanted programmes to be offered at times which fitted in around the shift patterns in the clinical areas. The trust found it difficult if learners were away from the clinical areas in which they worked for long periods of time.

AP(E)L as means of access to degree programme

The ability to use previous learning as a means of accessing this degree programme was very important for all the learners interviewed.

When learners applied for the degree programme they were sent an application form and an AP(E)L pack. Learners were asked for a job description, a brief curriculum vitae and details of the learning for which they were seeking credit.

The ENB higher award is based on 10 key characteristics and learners' previous learning was accredited against learning outcomes which had been devised from these key characteristics. Every practitioner had the same set of learning outcomes against which they had to measure themselves when they made their claim. This evidence was then scrutinised by the two AP(E)L advisers within the college.

After the college had reviewed the learner's application for accreditation of prior learning, the learner was invited to attend an interview with the AP(E)L co-ordinator and the teacher responsible for the degree programme. During this interview their application was discussed as well as any action that was needed in terms of supporting evidence for claims relating to experiential learning. If learners were claiming accreditation for their experience then they could be asked to produce a written piece of work to support their claim, demonstrating the theory underpining their practical experience. If the learner wished they could choose to undergo a viva rather than produce a written piece of work, the choice was entirely that of the learner.

> *"Let's say they are an F grade staff nurse and we are looking for a claim in management and they may have done something in management as part of a course. They may have done a lot of study days or an in-house management course which hasn't been assessed. In that case we would look at what their experience had been and I think it's at this stage where we then bring them in to talk to them and we say, 'We can see where the credits are coming from as far as your APL claim is. We can see how you might be able to make credits up from what you've done in theory in the past and from your experience. Or, just solely from your experience and do an assignment to demonstrate the theoretical underpining."* (AP(E)L Co-ordinator)

The nature of the supporting evidence depended on the nature of the practice, as the manager went on to explain.

> *"There was one practitioner that came through who had instigated policies and formulated policies around her particular specialism, her job was a clinical nurse specialist in that particular area although she didn't have the ENB course to say so. She had written articles on it, she taught medical students and she actually had enough evidence from her practice. She did, we didn't ask her to do this but just to make sure that we were convinced she actually did a critical appraisal of a clients care and brought in facets of the 10 key characteristics into that. But she did that purely off her own bat as part of her portfolio of evidence. She didn't do an assignment."*

During the interview the college needed to establish if a learner's experience was sufficient for accreditation and then what options there might be for the learner in terms of providing supporting documentation. Sometimes, the best options available to learners became clear very quickly. For example, if the learner had produced a health promotion package for his/her clinical area it would be suggested that they might like to evaluate that against current health education or promotion theory. The choice was the learners to negotiate with the manager and degree programme teacher. The learner was allocated an AP(E)L guide, who were usually nurse teachers who had specialist knowledge of the clinical area in which the learner worked. This guide might also be involved in identifying the options available to the learner, particularly if the learner came from a specialist clinical area of which the AP(E)L co-ordinator had little knowledge as she explained.

> *"we had a practitioner the other day from the mental health, from quite an obscure mental health unit, out in the community, of which I know nothing about. I could see that she had a health promotion deficit there and so could she, but I was not the one to advise her about what might be the most appropriate way of making up those credits because I don't know anything about mental health. So she was allocated an AP(E)L guide who was able to negotiate."*

Part of the manager's interaction with potential learners focused around the issue of helping them to realise that their professional experience could be used to help them access the degree programme as the co-ordinator recounted.

> *"The one that springs to mind is the health visitor who had been health visiting for 20 years and she had a health visitor's course from 197? which was I suppose the basic theoretical underpining to what she's doing. But she had done one or two study days and in-service things. She came just to speak to me and to say, 'Well I don't really think I've got very much.' And we started to talk and I often use the 10 key characteristics as a framework, because I say, 'Well let's have a look at these areas and which one would you like to begin with and look at that?' And she talked me through how she approached clients. I said, 'I hear in health visiting that you have a different approach to clients. When I went round with a health visitor it was, 'Get the dummy out that child's mouth,' but now it's much more the client-centred approach.' She said, 'Yes.' And really what she went onto describe was very much I suppose adult learning theory and she described how now they don't give advise, in a way. They wait for it to come from the client themselves and try and guide them so that the client is asking the questions or identifies what the problems are and facilitate in that way. I said to her, 'What you have described to me, very beautifully, is an adult learning theory, providing the facilitative approach to learning,' I said, 'You may not have a formal teaching and assessing course but*

> *if you were to go back and look at the literature you will see that's what you described to me.' Another person said, 'Oh health promotion, yes, I did a health promotion package.' I said 'Tell me about your involvement in that, what did you do?' And they'd visited other areas to have a look at what they were doing then did the background reading on it, she was able to tell me the literature that they'd looked at and then she said, 'We evaluated it.' I said, 'How did you evaluate it?' She said, 'We gave out a questionnaire to find out how it will work and I said, 'How did you do that?' And very gradually, as you go along and then they'll say something like, 'Oh yes, and I've done so and so and very often by the end of the interview they say, 'Yes, when you really start to think about it there is an awful lot that I have done in experience that I can bring forward.' Again, the management of change is another one that they can describe to you. Sometimes the theory is there and it might not be in the theoretical words you would find in literature but you can identify the theory or it may well be new theory from practice. Because the other thing I'm very interested in doing is saying to somebody, 'Well OK you've managed change, have a look at some theories of change and we give them some fairly broad background reading to do and then come back and do a critique may be. And they'll come back and they say, 'Well I couldn't have done it that way, the theory of change I've actually looked at because of this, this and this. Therefore we adapted it and obviously adapted it with this, this and this way and I said, 'Well actually what you're doing is creating new theory out of the practice and if you can harvest that in some way, that's the way we really get new nursing theory because somebody else would look at that and think, 'Oh yes that might work in my area and do it in that way.' That is why somebody who is an AP(E)L adviser needs to understand what we're actually doing in an AP(E)L interview. It is actually teasing out from people what have you got there? What will I be able to use?"*

It is interesting to note here that both of these qualified practitioners had not had insight into the development of their own professional knowledge which had come about through changes in their clinical practices. Here perhaps is evidence that the theory-practice gap exists in the minds of the practitioners. Practice appeared to be undervalued by the practitioners themselves and was perceived as being completely separate to theory.

For learners the recognition that their professional experiential knowledge was being valued was very important - a point which cannot be stressed too much. It obviously had affected the way the learners viewed their prospects of securing a place on the programme and learners were also able to see how their clinical experiences were underpined by theoretical knowledge. Finally, as described below by learner 2, the AP(E)L process helped the learners to value their own skills and knowledge in a holistic sense and as a professional.

> *"I think we do so many short courses that we think, 'Oh it's just another course,' and I don't think you realise how valuable it is to your practice and I've never sat down and looked at all the things I've done. The problem that I'd got initially, was that I was clinical nurse specialist within my speciality without a post-basic course to go with it. So it could be said, 'How can she be credible in that field if she doesn't have the training or a piece of paper that says she's got a certificate in that on a speciality.' So for me it was part*

> *an ego boost just to sit down and look at all these things that I'd accumulated not realising and to be able to gain access."*

Summary

- The ability to use previous learning as a means of accessing this degree programme was very important for all the learners interviewed.

- Learners applying for AP(E)L were invited to attend an interview with the AP(E)L co-ordinator and the teacher responsible for the degree programme. During this interview their application was discussed as well as any action that was needed in terms of supporting evidence for claims relating to prior learning.

- Learners were allocated an AP(E)L guide. These guides were usually nurse teachers with knowledge of a particular speciality who could advise and support the learners whilst they worked on the supporting evidence needed for their accreditation claims.

- The AP(E)L co-ordinator often had to help learners to see the value of their practice and how changes within their practice had led to their own personnel development and an increase in their professional knowledge.

Key issues in the management of flexible learning

- Designation of an AP(E)L guide is important to help and support learners who are seeking accreditation of prior learning.

- Preparation for AP(E)L is a development activity in its own right and needs to be managed as such.

Areas of good practice in the management of flexible learning

- The college used the ENB key characteristics to give a framework for AP(E)L.

Case Study 7

Introduction and background

This case study was undertaken in a health care organisation in the independent sector during April and May, 1995.

The organisation had been concerned with the delivery of care for almost half a century. There were 34 hospitals within the organisation, all of which were concerned with the provision of acute care. They were geographically spread throughout England apart form one hospital which was located in Scotland.

Each hospital had a management team who determined their own education budget for the whole hospital and decided how that money would be spent. The organisation had its own education department but hospitals were free to purchase education from other institutions if they wished. In practice this only tended to happen if the need was specific to a particular hospital.

The programme studied was entitled the Enrolled Nurse Conversion programme. Successful completion of the programme enabled part 2 registered nurses entry to part 1 of the Profession Register.

Details of the programme

Details of the programme taken from information supplied by the organisation are given below.

OPEN LEARNING AS A COMPONENT OF THE COURSE

Rationale

The following definition based on values and beliefs about Open Learning has been devised by the project team of the E.N.B. National Project for the Promotion of Open Learning:-

> 'Open Learning is an approach which promotes flexibility within education and training, designed to meet the various needs of the organisation and the individuals within it'.

It is essentially a system in which individuals take more responsibility for their own learning.

There are certain features which distinquish open learning from more traditional approaches to education:

- focus on the learners perception of the learning outcomes and their responsibility in the learning process.
- commitment to helping the learner to acquire independence and autonomy in learning.
- sensitivity to the learners personal circumstances and preferred learning style.
- recognition that learning is an interactive process and that the learner actively participates in her learning.
- change of role for the educationalist from that of teacher to facilitator.
- commitment to the use of aims, goals and objectives and the provision of regular feedback to the learner.

It is hoped that these characteristics are found in all the educational approaches, utilised within this curriculum with the use of Open Learning, leading the way to putting the learner at the centre of the educational process.

It is acknowledged that the development of an open learning system within an institution requires that such issues such as teacher/facilitator preparation, student preparation and the development of resources be addressed.

The use of open learning means that the learner has more choice and more control over her learning. Minimal control on learning is imposed by teachers when compared with conventional training and education.

Of necessity, constraints do exist within professional preparation programmes in order to produce effective practitioners and to protect the public. However, open learning still has the potential to allow students more choice in areas such as:-

- what to learn
- how to learn
- when to learn
- where to learn
- how to get learning assessed.

We believe that any student should be able to exercise choice in the above areas in order to become a successful learner, both during and after the course.

The use of Open Learning, together with A.P.L. within this curriculum, also allows for greater flexibility.

Each open learning module is supported by validated open learning material. The modules run over a defined length of time and during that time, the student will be supported in their learning by their personal tutor and by a designated number of teacher/student contact hours.

These designated teacher/student contact hours will be taken up with tutorials/workshops or lectures relevant to the module being undertaken.

The use of open learning within this course, therefore will enable the students to begin and continue to take more responsibility for their own learning, will enable learning to be more student led and will allow students to progress through the course according to their individual needs.

The open learning component for this course is:-

The Open College Professional Development Series

Enrolled Nurse Conversion Course

1) Foundation)
2) Nursing Studies) Modules

Accreditation of Prior Learning

Prospective students, who have experienced a considerable amount of theory and practice in the health care environment, need to be given the opportunity to be assessed and accredited for that previous learning.

Students will be asked to produce a written claim for prior learning in the form of a profile.

Length of course - 45 weeks (excluding annual leave)

Students are required to complete a minimum of 1533 hours (less any remissions for A.P.L.).

At the Nuffield Education Centre, we beleive that a minimum of 26 weeks is a reasonable minimum in which to achieve the RGN Level I competencies and would not wish to see this reduced, unless there were exceptional circumstances, eg. specialist knowledge and skills at Level I standard.

COURSE OUTLINE

This course will take students of varying backgrounds and experiences through a progressive exploration of their own strengths and weaknesses to become competent first level nurses.

The course has been written in a modular format. All the units in a given course of study are core modules for admission to Part 1 of the Professional Register. Students will be required to meet the learning outcomes in all of the core modules of their course of study.

The modules are theory modules, either taught or utilising open learning and practice modules, during which the student is placed in a clinical environment with specific learning outcomes to achieve during that placement.

Specialised Clinical Experiences will be arranged locally:-

Mother and Child
Mental Health
Community / Home Nursing

The learning outcomes for these experiences will be based on the students observations of specialised Health Professionals:-

1) Advising on health promotion and prevention of illness

2) Identifying situations detrimental to health and well being

3) Implementing planned care and co-ordinating members of the caring team in different settings.

ENROLLED NURSE CONVERSION

Unit 1	2	2A	3	4	5	6	6A	7	8
Week 1	2 - 9	10	11 - 18	19 - 26	27 - 36	37 - 40	41	42 - 44	45
FOUNDATION	HEALTH STUDIES	PRIVATE STUDY TIME	NURSING STUDIES (2 weeks holiday to be taken over the Christmas period)	INTER-PERSONAL SKILLS	Specialist Placements - mental health - mother & baby - community (2 weeks holiday to be taken during this unit)	Teaching and Assessing	PRIVATE STUDY TIME	Managing Care	CONSOLIDATION
Study Days 5	8	8	8	8	According to local colleges	4		6	5

COURSE UNIT 1

FOUNDATION UNIT: 1 Week duration / 5 study days

4 days to be completed at the Education Centre

1 day to be completed regionally

This unit addresses the role change in relation to the different competencies required of first and second level nurses; identifies students learning needs and the development of skills to meet those needs.

Curricular hours = 37.5 hours teacher contact

Indicative Content

1. Preparing yourself for change - the change from second to first level nurse
2. Getting to know the Open College Materials
3. Major changes in nursing and nurse education
4. Personal Learning profiles / learning contracts and logs
5. Study skills

STUDENTS WILL BE REQUIRED TO COMPLETE:

Northedge, A. (1990) The Good Study Guide
The Open University

ASSESSMENT (formative)

1. Preparation of a study plan for Unit 2 (health studies)
2. A 500 word essay on a topic selected by the student - this will allow feedback to be given on writing skills

COURSE UNIT 2

HEALTH STUDIES: 8 Weeks duration / 8 study days

- NB. Clinical placements during this unit should be ward based and take place on day duty

In this unit, the student will develop further their knowledge and skills, in order to be able to:

a) Advise on the promotion of health and the prevention of illness

b) Recognise situations that may be detrimental to health and well-being

Curricular hours: = 300 of which

60 hours are direct teacher contact

60 hours are self-directed study

180 hours are in the clinical area (of which 40 hours are unrostered service, to allow students time to attend case conferences, visit other clinical departments, local hospitals, etc. in order to achieve their learning outcomes).

DURING THIS UNIT, THE STUDENT IS EXPECTED TO COMPLETE THE FOLLOWING OPEN COLLEGE MATERIALS:

Models of Health (Unit 6)

Influence of Political Ideologies (Unit 4)

Minority Group Influences (Unit 16)

The Changing Nature of Work and Leisure (Unit 5)

Adaption to changes in Homeostasis (Unit 2)

Responses to Illness (Unit 3)

Learning outcomes are identified at the beginning of each of these units.

During this unit, students are advised to spend at least one morning or afternoon at the health screening unit. Perhaps a visit to the nearest health promotion unit could also be arranged.

ASSESSMENT

Formative: Complete learning logs and reading records for stated O/C units

Summative: CASE STUDY (2,000 words) DO NOT EXCEED THE WORD LIMIT
Marking will cease at 2000 words.

Competencies Tested: a and b

The student should demonstrate knowledge of:

- factors detrimental to health
- the role of the nurse as health promoter

Assessment outline

The assignment takes the form of an essay and is related to the care of a patient with whom the student has been closely involved.

	Suggested essay format	Approx. no. of words
1.	Title page	
2.	Contents page	
3.	Introduction - to include a brief history of the patient/client and the reason for his/her admission	250
4.	Identify factors which contributed to a breakdown in health	250
5.	Explanation of the changes in homeostasis which account for the patient's problems (with diagrams as appropriate)	300
6.	An outline of the medical management	400
7.	Detail of the role of the nurse as health promoter in relation to this patient eg. information/advice given to the patient during their stay and on discharge * rationale for the advice given * support groups available for the client and their loved ones, etc.	650

8. Conclusion 150

9. Appendix (you may wish to include appropriate educational leaflets)

10. Reference list and bibliography

NB This work must be submitted by Friday, 4pm, week 10 of the course at the latest

COURSE UNIT 3

NURSING STUDIES: 8 Weeks / 8 study days

NB CLINICAL PLACEMENTS DURING THIS UNIT SHOULD BE WARD BASED AND TAKE PLACE ON DAY DUTY

This unit is, for management purposes, divided into three parts.

a. Professional and ethical issues

b. Philosophies of care / delivery of care

c. Quality assurance

Part A : Professional and Ethical Issues 1 week / 1 study day

In this unit, the student will develop further their knowledge and skills to be able to:-

b) recognise situations that may be detrimental to health and well being

h) work in a team with other nurses and with medical and para-medical staff and social workers

Curricular hours: = 37½ of which

7 hours are direct teacher contact

30.5 hours are self-directed integrated with clinical practice

DURING THIS UNIT, THE STUDENT IS EXPECTED TO COMPLETE THE FOLLOWING OPEN COLLEGE MATERIALS:

Personal Responsibility
Developing a Personal Philosophy
Society's Ideas about Nursing
People and their Rights
Accountability in Practice

and read:

Chapman, C. & Burnard, P. Professional & Ethical Issues in Nursing

Formative Assessment: Learning and Reading logs completed.

Part B : Philosophies of Care / Delivery of Care 6 weeks / 6 study days

In this unit, the student will develop further their knowledge and skills in order to be able to:

Carry out those activities involved when conducting the comprehensive assessment of a person's nursing requirements.

Recognise the significance of the observations made and use these to develop an initial nursing assessment.

Devise a plan of nursing care based on the assessment with the co-operation of the patient, to the extent that this is possible, taking into account the medical prescription.

Implement the planned programme of nursing care.

Review the effectiveness of the nursing care provided, and where appropriate, initiate any action that may be required.

Curricular hours = 225 of which

45 hours are direct teacher contact

55 hours are self-directed study

135 hours are in the clinical area (of which 35 hours are unrostered service)

DURING THIS UNIT, THE STUDENT IS EXPECTED TO COMPLETE THE FOLLOWING OPEN COLLEGE MATERIALS:

Philosophies of care (Unit 7)
Nursing Models (Unit 12)
The Nursing Process (Unit 14)
The Delivery of Care (Unit 15)

and reading records for

Walsh, M. ( ) Models in Clinical Nursing

Nuffield Hospitals Guidelines for Nursing Documentation

Formative assessment: learning and reading logs completed.

Part C : Quality Assurance 1 week / 1 study day

In this unit, the student will develop further their knowledge and skills in order to be able to:

g) view the effectiveness of the nursing care provided, and where appropriate, initiate any action that may be required

Curricular hours = 37.5 of which

7 hours are direct teacher contact

30.5 hours are self-directed integrated with clinical practice

DURING THIS UNIT, THE STUDENT IS EXPECTED TO COMPLETE THE FOLLOWING:

Open College Unit 11 - Organisation of Care in Practice Setting

Reading record for Nuffield Hospital Quality Assurance Manual

Formal Assessment : Learning and Reading Logs completed

The Summative Assessment for Unit 3 is to present;

The documentation of a patient assessment (ensure confidentiality) and the nursing care plan developed as a result of that assessment.

Rationale: to demonstrate understanding and application of the principles of an individualised approach to the delivery of patient care

Competencies
tested: c, d, e, f, g

Guidelines for Students

The assessment and care plan should demonstrate the following:

- Use of a nursing model
- Problems that are clearly stated
- Problems that have been prioritised according to the needs of the patient
- Goals that are precise, concise and where possible, measurable
- Interventions for each problem
- The rationale for the prescribed interventions
- The way in which care can be / was evaluated

NB FOR ONE OF THE PROBLEMS LISTED, the interventions prescribed should be justified where possible by reference to current research.

For example,

Problem	Goal	Intervention	Rationale	Hayward (1975) found that by giving information to patients, the level of anxiety was reduced.
Anxiety related to impending surgery	Mr Smith states that he is no longer anxious	Provide information about etc. etc.		

Evaluation - Patient states that he is no longer anxious

- Non-verbal clues support what he says, ie. no longer fidgeting etc.

Assessors - The regional educational preceptor and clinical supervisor

Moderator - A registered nurse tutor

WRITTEN CARE PLAN WILL BE MARKED 0 - 100%

COURSE UNIT 4

INTERPERSONAL SKILLS: 8 weeks / 8 study days

This unit is designed to enable students to develop those interpersonal skills which are integral to all level I competencies.

Curricular hours = 300 of which

60 hours are direct teacher contact

100 hours are self directed

140 hours are in the clinical area (of which 40 hours are unrostered service)

DURING THIS UNIT, THE STUDENT IS EXPECTED TO COMPLETE THE FOLLOWING READING

Tshubin, V. and Schober, J. (1990)	Managing Yourself Macmillan
	Communication Skills

This unit is divided into THREE parts:-

A. Communication skills

B. Assertiveness and stress management

C. Counselling skills

Indicative Content

Models of communication : verbal and non-verbal communication; barriers to communication; group dynamics; assertiveness; stress and stress management; the counselling relationship; coping mechanisms; bereavement support.

ASSESSMENT

Formative = learning logs and reading records completed

Summative = an analysis of a planned interaction

Rationale = the purpose of this assessment is to allow the student opportunity to demonstrate how interpersonal skills training may assist the nurse to establish an effective / therapeutic relationship with his / her patient / client

Word limit = 2000 words MAXIMUM
(this does not include the interaction itself)

Example

1. Title page

2. Contents page

3. Introduction -
to include the reason for the patients admission and brief social history — 250 words

4. Reason for the planned interaction -
eg. pre-admission assessment;
pre-op visit from theatre staff;
discharge interview 100 words

5. Research related to your chosen interaction -
eg. research related to discharge planning;
visits from theatre staff, etc. 550 words

6. Description of the interaction itself -
to include the setting, what was said (by patient / nurse / other);
non-verbal behaviour. Does not count in word limit

The following format could be used -
(this is a suggestion only)

Nurse's observations	Nurse said or did	Nurse's feelings	Patient said or did	Conclusions about patient's feelings

7. Detailed analysis of the interaction

eg. I used the open question "how are you feeling today?" to encourage the patient to say how she really felt.

I sat a few feet away from him. According to research, an appropriate distance to sit from......is ....(Hall, 1969).

etc. 900 words

What was the outcome of the interaction? Did you achieve what you set out to do? If the answer is yes - what evidence did you have to draw the conclusion. If no, why not?

Discuss any changes you would make if confronted with a similar situation again 200 words

8. Conclusion

This work will be assessed by a registered nurse teacher.

The assignement will be marked 0 - 100%

COURSE UNIT 5

SPECIALISED CLINICAL EXPERIENCES

This unit incorporates the three specialist placements.

Mother and baby = 150 hours

Mental health = 150 hours

Community = 75 hours

Competencies tested: a, b, f, h

Local experience will normally be arranged in an approved college of nursing and midwifery by the REGIONAL EDUCATION PRECEPTOR.

Facilitation of learning in these modules will be a joint exercise between the REP, clinical staff and student.

The learning outcomes for these experiences and assessments will be those prescribed by the local college.

Where experiences have to be arranged independently of an approved college, eg. with another independent hospital or health centre, nurse teachers will ensure that appropriate theoretical input is obtained. In this instance, students would be expected to achieve the following learning outcomes:

LEARNING OUTCOMES FOR UNIT 5

MOTHER AND BABY

During this unit, the student will have the opportunity to:-

- Identify demands made by the body as a result of pregnancy. child birth and lactation.
- Outline and discuss health education strategies that should be provided to promote a healthy pregnancy.
- Review anatomy and physiology related to pregnancy and child birth.
- Briefly explain the importance of screening and evaluation assessments used on mothers and babies.

- Observe and discuss the changes occurring within families following the arrival of a baby.

- Outline the management of normal child birth.

- Observe and where appropriate assist in the assessment, planning and implementation of care for mothers and babies.

- Explore ethical issues associated with pregnancy and child birth.

MENTAL HEALTH

During this unit, the student will have the opportunity to:-

- Briefly outline factors contributing to maintenance of mental health.

- Discuss the community's acceptance of, and attitudes towards, persons suffering from mental ill health.

- Consider the importance of the nurse / client relationship in providing effective care.

- Where appropriate, apply previous knowledge and skills to the observation, assessment and planning of care of clients who are mentally ill.

- Participate in therapeutic activities designed to maximise the clients potential, independence and mental well being.

- Identify the need for, and discuss, legislation relating to patients with mental illness.

- Identify and build upon existing interpersonal skills which will assist in meeting the care needs of the mentally ill.

COMMUNITY

During this unit, the student will have the opportunity to:-

- Identify health promotion strategies for individuals and groups.

- Outline environmental factors that affect health in the community.

- Discuss the range of health care provisions for children.

- Discuss the provisions to support those with chronic disabilities.

- Observe and participate in the assessment, planning and implementation of individualised care for patients / clients in the home.

- Recognise the implications of increased number of elderly people for community care.

- Identify the different communication skills needed when caring for patients / clients at home.

UNIT 5 - SUBMISSION OF MAJOR ASSIGNMENT

During Unit 5, week 34, you are expected to hand in your project (details of which are given at the beginning of the course).

Project Guidelines

Aims:

To allow the student to explore and demonstrate his/her knowledge and evaluative skills related to the broader issues of nursing.

Choice of subject:

It may be helpful to select a subject area in which you have a special interest. The subject chosen should enable you to display creativity, a depth and breadth of knowledge and a realistic approach to clinical practice.

Without wishing to restrict your choice, the following subject areas are given as examples that would be deemed suitable.

Advocacy in Nursing
The Organisation and Management of Nursing Care, eg. primary nursing
Documentation of Nursing Care
Confidentiality
Patient Controlled Analgesia
Complimentary Therapies
Alternatives in Wound Care
Self Administration of Drugs
Care of the Dying Patient

The student should be able to demonstrate that they have completed an in-depth literature search relating to their chosen topic. This must include relevant up-to-date information and applicable research evidence.

The student should demonstrate the ability to use the acquired knowledge in a creative and unique way. For example, by making interesting speculations, problem solving, summarising and drawing their discussions / argument to a logical conclusion.

Biased unsupported arguments should be avoided.

Essay format:

1. Contents page
2. Abstract - brief resume of the whole essay
3. Introduction
4. Main body of essay
5. Conclusion
6. Appendices
7. References
8. Additional reading / bibliography

Important points to remember:

1. Referencing
    - Harvard system
    - In text Bloggs (1983) stated.......
    - Up to date
2. Number the pages
3. Count the number of words / do not exceed 5000
4. Do not use plastic covers for each page
5. Do not identify
    - people
    - wards
    - hospitals/units
6. Refer to Code of Conduct where applicable
7. Do not include numerous leaflets in the body of your essay, as part of the project

COURSE UNIT 6

TEACHING AND ASSESSING 4 Weeks / 4 study days

In this unit, the student will demonstrate their knowledge and skills in order to be able to:-

a) Advise on the promotion of health and the prevention of illness

f) Implement the planned programme of nursing care and, where appropriate, teach and co-ordinate other members of the caring team who may be responsible for implementing specific aspects of the nursing care

Curricular hours = 150 hours of which

30 hours is direct teacher contact

40 hours is self directed learning

80 hours is clinical practice

DURING THIS UNIT, THE STUDENT IS EXPECTED TO COMPLETE THE FOLLOWING OPEN COLLEGE UNIT:

Unit 8 - The development of nurse education and complete the following reading:

Kenworth, N. & Nicklin, P. (1989)
Teaching and Assessing in Nursing Practice:
An experiential Approach

Scutari Press Chapters 4 - 6

Indicative content of Unit 6

Developments in nurse education
Teaching and learning in clinical practice
Patient Education
Creating a supportive learning environment
Mentorship and clinical supervision

SUMMATIVE ASSESSMENT

A Planned Teaching Session

Rationale: to demonstrate the ability to teach a patient or other member of the caring team.

Competencies tested: a and f

Guidelines for Students

You are asked to conduct a teaching session of no longer than 20 minutes to a patient / nurse(s) / relative.

The method of presentation is entirely up to you. It could be a question and answer session, demonstration, etc.

What you teach is also your choice, but you are advised to keep the session straightforward, eg. how to carry out urinalysis, application of eye drops, surgical draping technique in theatre, etc.

Prior to the actual session, the assessor will review your plan of teaching. This should include details of the -

learner - patient/nurse, etc.
length of session
place
learning intentions/outcomes
teaching method(s) to be used
resources - eg. handouts, equipment, other visual aids
teaching sequence
method to be used to evaluate the session

Marking criteria are shown on the following page.

The assessor will be a registered nurse tutor and the assessment will be marked 0 - 100%.

BEST COPY AVAILABLE

COURSE UNIT 7

MANAGING NURSING CARE 3 Weeks / 6 study days

In this unit, the student will develop further knowledge and skills in order to be able to:

i) Work in a team with other nurses, and with medical and para-medical staff and social workers

h) Undertake the management of care for a group of patients over a period of time and organise the appropriate support services

Curricular hours = 112.5 of which

45 are direct teacher contact

37.5 are clinical practice

30 are self directed

DURING THIS UNIT, THE STUDENT IS EXPECTED TO COMPLETE THE FOLLOWING OPEN COLLEGE MATERIALS:

1. Open College Unit 11 - Organisation of care in the practice setting
2. Broome, A. (1990) Managing Change
   Macmillan

Indicative content

Leadership styles; resource management / skil mix; managment of change; audit; team building; NHS reforms

ASSESSMENTS

Formative = learning logs and reading records completed

Summative = undertake the management of care for a group of patients over a period of no less than 4 hours

Competencies tested: h and i

CRITERIA FOR ASSESSMENT

The organisation of care will reflect

- appropriate clinical judgement in the chosen skill mix and staff/patient ratio
- co-ordination of other members of the health care team in accordance with planned care
- adequate and accurate information to enable staff to compelte the case as planned

will ensure

- that all necessary equipment/supplies are available
- that all required Health & Safety checks are carried out and recorded (written policy)
- that nursing records are completed according to policy

THE ASSESSOR for this assignment will be the Ward or Departmental Manager.

Students will be graded as either satisfactory or unsatisfactory in the assessment.

Further guidance for this assessment wil be issued at the beginning of Unit 7.

COURSE UNIT 8

CONSOLIDATION/REFLECTION 5 CONSECUTIVE STUDY DAYS

CURRICULAR HOURS = 37.5 AVAILABLE INFORMAL TEACHER CONTACT

INDICATIVE CONTENT = STUDENTS CHOICE

Suggested support materials = O/C Unit 17 Philosophies of Care
Unit 18 Where do I go from here?
= 10 hours

In this unit, the student will have the opportunities to:

assess personal philosophy

describe the benefits of reflective practice

discuss writing for publication

complete personal learning portfolio

develop further their presentation skills

design an action plan for future professional development

evaluate the Course

TABLE OF ASSESSMENTS

UNIT	COMPETENCIES TESTED	FORMATIVE		SUMMATIVE	SUBMISSION
		THEORY	PRACTICE		
1 STUDY SKILLS		LEARNING LOGS - Writing skills - 500 words READING RECORDS CLINICAL OBJECTIVES			
2 HEALTH STUDIES	a & b	LEARNING & READING LOGS CLINICAL OBJECTIVES		CASE STUDY (500 words)	BY END OF WEEK 10
3 NURSING CARE STUDIES	b, c, d, e, f, g, h			CARE PLAN WRITTEN AND IMPLEMENTED	BY END OF WEEK 18
4 INTER PERSONAL SKILLS	ALL			WRITTEN EVALUATION OF PLANNED INTERACTION	BY END OF WEEK 24
5 SPECIALISED PLACEMENTS					
MAJOR ASSIGNMENTS	ALL			5000 WORD PROJECT	BY END OF WEEK 34
6 TEACHING AND ASSESSING	e and f			PLANNED TEACHING	BY WEEK 39
FINAL WRITTEN					WEEK 41
7 MANAGING CARE	b and i			PERIOD OF MANAGED CARE	BY END OF WEEK 43

Students are advised that Summative Assessments should be conducted / written without possibility of patient identification and that the patients permission is needed beforehand.

Late submission of an assessment, without prior arrangement with a nurse teacher will lead to an AUTOMATIC FAIL at first attempt.

Planning and history of the programme

The programme had been planned approximately two years previously and the planning team for the programme consisted of educationalists as well as practitioners and senior nurses from amongst the 34 hospitals. The educationalist who had been primarily responsible for co-ordinating the work of the planning team retired soon after the programme was accredited.

Collection of data

Data were collected from eight individuals.

Education manager - a member of the planning team for the programme. She was responsible for the overall management of the provision of education within the organisation. Her work required a close liaison with the matrons of the hospitals so that she had an understanding of the educational needs of clinical staff.

The teacher - had worked in the organisation for approximately 18 months and was responsible for the management and delivery of the programme.

Learner 1 - had been qualified as an enrolled nurse for the past 11 years. Upon qualifying she had specialised in the delivery of nursing care in an operating theatre. Her husband was in the armed forces and she had spent some time abroad, moving back to England and taking up her current post three years previously. She had what she described as *"a flexible contract"* which meant that she could work as little as 24 hours in a seven day week, but if the work was available she could be asked to work a 37.5 hour week.

Learner 2 - had worked within the organisation for the past four years. She was also currently working in the operating theatres but prior to this had spend 18 months working on a ward.

Learner 3 - had originally studied to become a first level nurse but due to personal circumstance had opted for a shorter period of study and had registered as a second level nurse.

Each of the learners interviewed worked in different hospitals geographically spread across England.

Matron 1 - had a multi-disciplinary role in one of the largest hospitals within the organisation this encompassed the role of clinical services manager.

Matron 2 - had a similar role to Matron 1 in the smallest hospital within the organisation.

Senior Sister - had worked for the organisation for a number of years and was responsible for the management of nursing staff on a floor of the hospital. She was also responsible for the organisation of in-house education for example study days for care assistants.

Matron 2 and the Senior Sister were interviewed together.

Questionnaire data

The dimensions of flexibility reported by the programme teacher in the questionnaire prior to the case study data collection visit are given below.

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THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..

Name of contact person...

Telephone number..

Title of module/course....ENROLLED NURSE CONVERSION..........

Is this a module or course? Please indicate with a tick . Module ☐ Course ☑

If module, please indicate level...

Total number of hours of learning for module/course...................................

CATS-rating..

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	✓
2. The institution offers this module/programme at more than one location	
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	✓
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	
3. Module/programme offered as one of a choice of a different group of modules on each occasion	
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	✓
3. Learners are able to negotiate to use a mode of study of their choice	
4. Mode of study specified by the teacher, institution or external agency	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	✓
2. Some choice for example two or more entry points during the year	
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	
2. Specific qualifications required	
3. Range of qualifications and experience accepted	
4. Evidence of learning from appropriate experience accepted (eg APEL)	✓
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/ programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	
3. Requirement to attend an educational establishment for some module/ programme learning activities at a specified time	✓
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	✓
2. Negotiable finishing date	
3. Negotiable within a fixed time span	
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	
3. One payment in full at fixed point during the module/programme	
4. Payment by cheque or cash only	
5. Payment by credit card accepted	
6. Direct debit payment over several months	✓
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	✓
5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL	✓
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	✓
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	✓
3. Teacher/trainer + other people such as specialists or peers	✓
4. Teacher/trainer + other resources and people	
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	✓
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓
5. Access to tutorial support restricted to working hours	
6. Tutorial support available outside working hours	
Pace of progression throu[illegible] module/course	
1. Pace determined by the tut[illegible]	✓
2. Pace negotiated between the tutor and the student	
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. -Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	✓
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	✓
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	
Assessment of practice	
1. Same criteria for each student	
2. Criteria based on individual student's learning needs	
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data the following dimensions of flexibility were explored in some detail.

- entry requirements
- Provision of module/programme
- location
- time of module/programme
- mode of attendance
- payment for the programme
- content of the programme
- mode of teaching and learning
- resources for teaching and learning
- access to teacher guidance
- pattern of summative assessment of theory and submission dates
- method of summative assessment
- assessment of practice

Access and provision

Both matrons indicated that in the past they had been aware that they had recruited enrolled nurses who wished to undertake a programme of study leading to level 1 registration. Other matrons in other hospitals in the organisation had indicated similarly and this information had been channelled through to the education department. As a result the programme had been planned and set up. Not all enrolled nurses had wanted to study the programme. Some felt that they were too close to retirement age and for some, the timing was not right as they had young children to look after.

Nurses who indicated that they would like to study this programme were interviewed by the matron of their hospital. During this interview a number of issues were discussed such as the reasons why the nurse wanted to study the programme, what the nurse hoped to get out of it and whether he/she knew what the programme entailed and the personal commitment necessary. At this point the matron contacted the education department to enquire if a place was available on the programme and if so the nurse completed an application form. In addition to this potential learners were required to write a short essay on the importance of professional development and how they had maintained their own professional development over recent years. From this

"mini profile"

the teacher was able to judge whether or not to offer individuals a place on the programme. There was no requirement for formal qualification but learners could submit evidence of formal study which would be taken into consideration as part of an APL process. Successful applicants were asked to undertake a research awareness module before they started to study the programme. This requirement was to ensure that learners were able to read academic articles and carry out a literature search. The research awareness module was available through the education department.

Prior to commencing the programme learners attended the education department for a

"briefing day."

This provided an opportunity for the teachers to talk to the learners about the programme and discuss any issues which the learners raised.

Learners studying the programme spent time away from their own hospital in clinical placements. This had implications for the staffing levels and skill mix of the learners own clinical area and on occasions the starting date of a learner's programme had had to be delayed.

> *"She (the matron) always knew that I wanted to convert. Last year I applied for the conversion because I thought last year was the right time. Somebody told me that it was never the right time when you had children because there was always something you have to do but I applied for it last year and (the organisation) accepted me last September which would have been the first course that (the organisation) ran. But my matron blocked it here because at the time there was a lot of people on different educational commitments so therefore I was promised that this September I could do it. For the last year I've known that I'm going to do it but it was just literally waiting for that time. So yes, I've only been in the (organisation) three years, one year of that I've definitely known and before that really, I was just getting settled. So yes, they've always been very good about pushing you."* (Learner 2)

The programme always started in September and ended in August of the following year. However, whilst the starting date was fixed there was some flexibility surrounding the completion date:

> *"we've got somebody now for example who because of compassionate leave has had to miss out two weeks of maternity. So we're in the process of negotiating how we can put that back in. But we will do whatever we have to do. If it runs over then so be it. We had somebody who went on maternity leave last year and so she just submitted late and registered at a later date. In a sense we can please ourselves as long as I know that they've achieved what they've got to do for their registration then that's it."* (Teacher)

The location for the majority of study sessions was the education department, which meant that learners often had to travel long distances and this had implications for the structure of the programme:

> *"a one-week block and they have two days and they go off for a couple of weeks and then they come back and have another two days. We've started to do two-day blocks here to cut down on some of the travelling time for the students. Apparently on the first programme they were coming backwards and forwards every week and if you live in (a Town) that's not really very funny and very expensive as well. So we've started to do that. We sometimes do study days, in the regions, so we might go to the South West or we might go to South East. It depends very much on who applies. So if we have numerous learners apply from the South East we would hold more down there. So that in itself changes every year depending on the applicants."* (Teacher)

The learners considered that the idea of the 'two-day blocks' had been to their advantage. Overnight accommodation had been provided, payment for which was included in the programme fees. Moving some of the study days to the regions had been a great success for two of the learners interviewed as it had reduced the amount of travelling. The other learner worked in a hospital which could not provide suitable accommodation for the learners so she always had to travel.

The 19 learners following the programme were split into two groups according to the regions in which they worked. Group 1 comprised learners from the South West and South East and group 2, learners from the Midlands and North. The two groups had different days as study days and these were held at different locations. This arrangement offered some flexibility for attending study days:

> *"if you can't make a certain study day, you've got a family commitment or whatever, they're very good they say if possible could you go to the other group's study day and if it was at (Town 1), you'd be at (Town 1) anyway, I think some of the girls (G), she did, she swapped over because she's (Town 2) way. She went to a couple of (Town 1) study days because it was easier for her to go there. So if it's within travelling distance there are a few girls on the course that are in a position where they're not one way or another and as a result of that they have the choice and if you were ill and you wanted to make the study day up you could always go on the other groups study day."* (Learner 1)

The hospital paid half of the programme fee and the learner was expected to pay the other half. This was common throughout the organisation for this particular programme. Learners were able to pay this sum of money on a direct debit system over a period of 12 months. This arrangement had been particularly helpful for one of the learners:

> *"I wouldn't have been able to find it. I think it was £550 initially and I think in actual fact the finance department pay the education centre it and they give it us on like an interest free loan because it's on my pay slip, it's got how much I still owe. So I think initially they give it to the education centre and then take it back off us every month which is very good really. If you had to borrow it from somewhere else you'd pay interest on it."* (Learner 3)

Payment of travelling expenses was negotiated at local hospital level. Some matrons were prepared to fully fund, or contribute towards, travelling expenses, others were not.

Summary

- Learners studying the programme spent time away from their own hospital in clinical placements. This had implications for the staffing levels and skill mix of the learners own clinical area and on occasions the starting date of a learner's programme had had to be delayed.

- There were no formal entry requirements for the programme. Learners had to be able to demonstrate an understanding of the importance of professional development and they were expected to undertake a research awareness module prior to starting the programme.

- The majority of study days were held on the site of the education department which meant that most of the learners had to travel some distance to attend. However, overnight accommodation was provided and efforts had been made, by the education staff, to reduce the amount of travelling by locating some of the study days in the regions.

- The learners had to contribute half of the programme fees. They were however able to do this using direct debiting and could pay over a period of twelve months, interest free.

Key issues in the management of flexible learning

• Flexibility in one aspect of a programme such as offering single study days may have a negative impact on the educational experience as illustrated here by increased travelling. 'Blocks' of learning time are appropriate here in order to reduce learners' travelling time.

Areas of good practice in the management of flexible learning

• There was a rigourous entry procedure, which centred largely around the learner, to ensure that learners understood the demands of the programme.

• The two parallel groups meeting on different days and at different locations offered additional flexibility. This added element of flexibility needs to be carefully managed if learners are not to be disadvantaged in terms of their educational experiences.

• Learners were offered considerable flexibility in the method of payment for the programme.

Teaching and learning

Learners were able to use the accreditation of prior learning (APL) in order to reduce the length of the programme. The teacher outlined this process.

> *"We use the ENB guide-lines on how much time we can give off or whatever. So as long as they've done some form of professional development being it reading the journals or attending small lectures at work, as long as they've done something and that they can show a general awareness of what's going on in the profession and that they can show that they can put the time in and the family commitments and they've thought these things through, then we say yes have a go. We use the ENB guide-lines and we just calculate it from there and it is a 45 week course, we see what they've done and then say, 'You need x amount of weeks to complete these achievements with the competencies."* (Teacher)

For one learner however there was a perception that credit for previous learning made little difference in reality to the length of the programme:

> *"We had to write all our relevant posts and experience, your length of course was then determined because we're all different from the rest. Mine has been adequate on the specialities from the rest of them because a lot them are having to do psychiatric and community and a lot of midwifery whereas in the speciality section which is 10 weeks, I've only actually got to do four. Well saying that, it hasn't really made any difference to me. On paper at the beginning of the course, it looked wonderful but it doesn't work out like that because you're not on a course as such, you are still at work and when you're not on the course and you're not in maternity or whatever, you're back in theatres."* (Learner 1)

Another learner felt that the reduced time offered her a safety net if she became ill.

> *"Well since I qualified, in 1974 I think it was, what I'd actually done since, I did O level Human Biology and Psychology I did last year, so they'd have two weeks off for each of those, so it was 41 weeks I had to do of a 45 week course. But in actual fact I've not knocked any time off because I thought if I was ill or anything then*

> *I've got some leeway because you can take those whenever you want to. You know you can knock days off here and there as long as you put in 41 weeks. I wouldn't take it as a general rule but if I was ill then I'd know that I could have four weeks off without worrying about not being able to put time into the course. That's why haven't taken it. It's nice to know that it was there if I really needed it."* (Learner 3)

The curriculum provided a framework for the content of the programme. Each study session was planned with this framework as the focus but the learners were able to influence the content of the session.

> *"What I did at the beginning of the course is to sort of say, 'Now this is the sort of programme I've outlined for you, do you think this is OK? Would you like something else in?' But I think at the beginning of the course because they don't know what they want they tend to say yes. What I've got next week and the week afterwards because they're out on these specialist placements, is that just so we don't lose contact, we are meeting and having one meeting in (Town 1) for the north and midlands and having another meeting in (Town 2) for the other half of the country where we talk through a variety of issues, how the placements are going, exam techniques, those sorts of things. But we have a consolidation week here for example, where I'll say, 'What would you like, is there anything that you haven't covered that you'd desperately like?' Sometimes when I'm putting the programme together I'll say, 'Is there anything you particularly would like?' The only one they haven't actually negotiated on is this one, interestingly enough, because I haven't seen them since the middle of March so it's quite difficult. But when I see them in a couple of weeks there's nothing to stop that them making changes.."* (Teacher)

The learners really valued this approach but confirmed, and commented on, the fact that it had not been easy to participate in the negotiation of the content of the sessions, at the beginning of the programme. All of the learners interviewed had experienced a very didactic approach in their pre-registration nurse education course. They were not used to having this 'freedom' and they

> *"didn't know what there was to learn".*

As they had progressed through each unit of the programme and begun to read widely around topics they felt much more able to influence the content of the programme.

> *"But just recently we've had bereavement and counselling and we were give the option at the beginning of the study day which way we wanted to direct the whole of the day and we had to produce a list of things that we wanted to know about and we wanted to cover and because we'd done some reading we actually did know what we wanted."* (Learner 1)

The need for support in the learning process was fully understood and articulated by the teacher:

> *"I think because they're so new to it, at the beginning they do need full guidance and as they go further through the they tend to rely less on the prompts of the clinical supervisor. Because they're so bewildered at the beginning of the course that if you say it's flexible, please yourself, they all crack up. So you give them a basic*

> *framework and the supervisor would say, 'Have you thought about this, have you thought about that?' and then try and get them to make their own decisions from there. So it's not rigid at the beginning but there's a lot of support there until they've found their feet."*

A variety of teaching and learning methods was used during the programme. The learners referred to discussion sessions and their involvement reinforcing the notion of a learner-centred approach. Learners felt that they were treated as 'adults' during these discussion sessions. Their views and experiences were valued by the teacher and by other members of the group. Such sessions also meant that learners were able to focus the discussion on a particular area of interest to the group. Each unit was framed with support material from the Open College which the learners reported finding very helpful. This work was mostly undertaken in their own time but the learners emphasised the control they had here, as they could choose to study where and when they liked.

The programme teacher also acted as the learners' personal teacher. Access to her was complicated by the distance between her and the learners and the fact that she was often away from the education department visiting learners in their own hospitals. There were two other members of the education staff who learners could contact and the programme teacher had an answerphone so she could respond to messages when she returned to 'base'. She had recently been given a mobile telephone which she considered made her more accessible.

Learners were able to meet with the teacher to discuss individual issues when they had study days and the teacher was willing to arrange to meet them early in the morning or after the study day had finished. In addition to this she was also willing to meet with them during coffee and lunch breaks. The learners accepted that the programme teacher was a very busy person and did not blame her personally for the fact that they could not always contact her to discuss. One learner however had been concerned about her written assignment. She felt she needed to talk to someone but found that there was absolutely no one available at the education department on that particular day.

It was clear that the organisation had provided a framework of support for the learners. In addition to the staff at the education department, there were Regional Educational Preceptors or 'reps'. These individuals were qualified nurses who worked in a hospital within the same region as the learner. The 'reps' were all sisters and most of them were senior sisters who were graduates or had a Certificate in Education. They had a clear understanding of the programme and participated in marking written assignments. The 'reps' met with the programme teacher on a regular basis to discuss the programme and possible changes or developments. In addition to this contact, the 'reps' also attending meetings with the education staff and the clinical supervisors who acted as 'clinical mentors' to the learners. The learners gave a mixed picture of how effective the support from the 'reps' had been. For one learner the 'rep' had been extremely helpful. This 'rep' was actually based in the same hospital as the learner. The learner had the 'rep's' home telephone number and was able to contact her out of normal working hours. The learner had spent some time with the 'rep' brain storming and discussing ideas for her written work. The 'rep' had also helped this learner to arrange some of her clinical placements. For the other two learners the picture was a little different. One learner had had no contact what so ever with her 'rep' and the other had had little contact.

Learners could only access the education centre library when they visited the centre. Matrons in the individual hospitals would often negotiate with the local college of health studies or higher education institutions to obtain access to library facilities for their staff. This often meant that the hospital had to pay for these facilities. One learner had found that whilst the library at her local college of health studies was excellent and the librarians very helpful, she had had to pay £50 before she was able to borrow books. Another learner had had the same experience. She expressed a concern for staff in her hospital who, in the future might wish to access a nursing library, because the local college of health was soon to move to a site 50 miles away. Learners had not really experienced great difficulties however and had used a variety of resources available to them including the library at the Royal College of Nursing.

Summary

- Learners were able to use accreditation of prior learning to reduce the length of the programme.

- All of the learners interviewed had previously experienced a teacher-centred, didactic style of teaching and learning in their own education as nurses and initially needed guidance in negotiating the content of the programme.

- Because of the distance separating the learner and teacher, the learner was not always able to talk to a teacher immediately when the need arose. The organisation had devised a regional support framework which consisted of senior sisters, often with a teaching qualification, to give additional support to the learners.

- Learners were dependent on the library facilities at their local college of health or college of higher education.

Key issues in the management of flexible learning

- Learners can use APL to their own advantage in a number of ways. This case is an illustration of a learner using APL to reduce her anxieties about possible absence from the programme due to illness.

- Negotiation of the content of a programme needs to be carefully managed. Initially learners may not be able to contribute meaningfully to the negotiation process. With appropriate management their capacity to negotiate effectively is likely to increase during the programme.

Areas of good practice in the management of flexible learning

- Providing learners with access to teachers can be difficult to manage. In this case, new technology and suitably trained staff have been usefully employed to overcome difficulties.

Assessment

Assessment of theory

The programme was assessed both formatively and summatively. The formative assessment took the form of learning logs with a formative essay in the first unit of the programme. This essay was designed to help the learners with their writing skills.

The summative assessment varied from unit to unit and covered areas such as the assessment of patient needs, the development of a plan of care to meet those needs and a teaching session.

> *"When we started the programme we were given a programme handbook and you literally know from the minute you start every single thing you ever have to do. It's just laid out. It's not produced like a shock, you know in the September when you start that all of these assessments have to be in at this certain time. You*

> *even get the date when work has to be handed in. This was very good. Because you can plan. Every unit you have to do an assessment and as well as that you have to produce learning logs, learning contracts, reading logs and pack work. And you have a large pack and as you work through the programme it suggests, you don't have to do the pack, but it suggests that if you want to work through the pack it gives you a guide-line of what books to do and what units. And along with that we have to set ourselves learning contracts so we have to discipline ourselves to setting out what we want to learn and we have to give evidence of what we've read and do reading logs and you really have to discipline yourself to do that because once it slacks off you never catch up on it. They give us a basic guide-line for every assessment that we have to do. Unit 1 we did health studies, we had to do a case study. We could have planned the case study around anybody, any type of patient, didn't specify, it was your choice and you set out and chose a subject and it was up to you to find about it and carry it out. Unit 2 we did a care study and again we could choose any type of patient, any model, our own models, so yes that was very flexible. Unit 3 again, really flexible we had to do interpersonal skills and we had to do any interaction with anybody, patient-wise and I chose a pre-op visit. And unit 4 is the major and you can pick any thing relevant to the nursing profession."* (Learner 1)

Each one of the learners commented on the value of this flexibility within the assessment of theory:

> *"Yes I think I got more out of it by choosing something that I was more interested in. Because I think if you choose something that you're not particularly interested in I mean I chose a lady with a breast lump and did health promotion on that type of subject which I quite enjoyed and I found out lots of things that I didn't know. You think you know things about it but until you actually look into it. Some of them (breast lumps) are obviously benign and you can teach them or advise them what to look for. Because I've done it now I can roughly know what to advise them to look for and how to examine themselves and where to get the leaflets from if they don't know."* (Learner 3)

Learner 2 felt that the depth of her learning had been greater as a result of being able to choose topics which interested her.

> *"Well it's important because if you're trying to look and research a subject that really doesn't interest you it makes it a lot harder. I picked gynaecology for my first one which I really enjoy and I enjoy research, the same with orthopaedics. So if they choose the subject for you then it could be boring. And I think you learn more if you enjoy it as well. I mean I really sort of looked into it."*

Summary

- The programme was assessed both formatively and summatively.

- The summative assessment, which varied from unit to unit, offered the learners flexibility which they considered very beneficial. Learners had been able to study topics which were of interest to them and which would benefit their clinical practice.

Key issues in the management of flexible learning

- Flexibility in choice of topics for assignments can encourage greater depth of study.

Areas of good practice in the management of flexible learning

- The assessment strategy was designed to link theory and practice and thereby increase the relevance of the educational experience.

Assessment of practice

Most of the clinical experience during the programme was undertaken at the learner's base hospital. The education staff conducted an audit of all the hospitals each year, to ensure that there was sufficient experience and expertise available to learners. If a hospital could not offer a learner a particular clinical experience, the learner would be sent to another hospital within the organisation. Most of the learners undertaking the programme needed to gain clinical experience in the specialities of midwifery, mental health nursing and community nursing. These clinical specialities were not available within the organisation so learners gained this experience in NHS hospitals. The clinical placements were arranged by the 'reps' or by the learners themselves and sometimes the organisation had to pay for the placement. Learners could choose to undertake the specialist clinical experiences in any order they wished. Often learners found themselves linked to higher education diploma with registration programmes (Project 2000). This meant they worked alongside learners who were studying for first level registration. In some hospitals, learners might be given an open learning package to work through and they would have to arrange visits to clinical and other area. Some of the learners had chosen to use the Nursing Times open learning materials (1) for specialities such as midwifery. This meant that the learners had to have access to midwifery care facilities but did not have to necessarily spend a great deal of time in a maternity hospital. One of the learners had had great difficulty securing a midwifery clinical placement but had met a senior member of staff in the

> *"hierarchy of maternity care"*

socially, at a Christmas dinner and so was able to obtain a placement through this chance meeting.

The learners had a clinical supervisor in their own base hospitals who they referred to as their mentor. In the past, the clinical supervisors had been selected by the matrons of the hospital and this had not always been very successful. In the future, when the education staff undertook an audit in a hospital they planned to suggest that a particular person might make a good clinical supervisor. In addition to this plan, clear criteria for the selection of clinical supervisors were to be adopted. Those undertaking the role in the future would preferably be studying for a diploma or degree and hold a teaching qualification. They would also have to demonstrate that they had the time for such a role and the commitment to it.

There was a three-day programme to prepare individuals for the role of clinical supervisor. The content of this programme included programme delivery and philosophy, supervisory skills and assessment skills. Clinical supervisors also had to have a sound knowledge of learning contracts as these were used in the clinical area to monitor the learners' progress. The learner and supervisor together would draw up the learning contract and the learner would then be assessed on the clinical competences identified therein. There was therefore a degree of flexibility within the assessment. If a clinical supervisor was experiencing difficulty with a particular learner or was uncertain about aspect of the programme, they were able to contact their 'rep' who was there to advise and support them. One learner reported that the clinical supervision process had worked well. The learner met her clinical supervisor on average every two

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weeks and they spent about two hours together at this meeting. However, if the learner had a problem she was able to contact the clinical supervisor at home.

Summary

- In order to fulfil the requirements for specialist clinical experience, learners often had to undertake clinical placements outside their base hospital.

- Learners had a clinical supervisor who assessed their competence in the clinical area.

- The education department offered a three-day programme to prepare individuals for the role of clinical supervisor.

Key issues in the management of flexible learning

- One learner in particular had difficulties finding a suitable placement. Securing suitable clinical placements can be problematic and needs to be managed effectively.

Areas of good practice in the management of flexible learning

- Learners and clinical supervisors together planned and agreed the learning contract which formed the basis of the clinical assessment. This case study provided a good example of a collaborative approach to the assessment process with equal involvement of both learner and supervisor.

Evaluation

There was an on-going evaluation process for the programme and each unit within the programme.

> *"The students complete an evaluation form at the end of each unit and we also talk through it as well. But not just at the end of each unit. We talk through it each time, you know, 'How're you doing? What's this? What about that lecturer, were they any good?' So it's on-going really. They did fill in this form which covers the theoretical components of the programme. It talks about access to the library facilities, it talks about access to me. A whole host is on the theory side and then, how they're getting on with clinical placements, did they get to work with their supervisor, as they should have done. That's often the downfall. But that's the way we do it. So that's it really, it's on-going."* (Teacher)

Changes had been made to the programme as a result of evaluation data. For example, learners studying the programme previously had indicated that the pattern of one-day study days had resulted in a great deal of travelling for some individuals. The education staff had responded to these comments by changing the pattern of study days. There had also been a response by the education staff to comments made by the group recently concerning a particular student teacher whose sessions they did not find particularly helpful.

In addition to the formal evaluation process, the education staff and clinical supervisors and 'reps' meet with learner group representatives regularly to discuss the progress of the programme. At a senior staff level, the education manager had regular meetings with the matrons of the hospitals where, amongst other issues, the provision and delivery of educational programmes was discussed.

Summary

- At the end of the programme learners were invited to formally evaluate each unit and the whole programme. Comments made by a previous group had been acted upon and changes had been made to the current programme.

- In addition to the formal evaluation process, the education staff and clinical supervisors and 'reps' met with learner group representatives regularly to discuss the progress of the programme.

Key issues in the management of flexible learning

- In this case some aspects of flexibility have been evaluated as part of the evaluation process. Evaluation needs to take account of the flexibility available to the learners.

Impact of flexible modes of learning on educational experience and achievements

Learners were expected to contribute at least half of the programme fees and flexibility in the mode of payment had been important to one of the learners in particular. She indicated that she would not have been able to consider undertaking the programme had she had to pay the fee in a lump sum. For another learner the whole notion of flexibility had had an impact on her educational experience:

> *"As I said I did my O levels and I did my A levels and when I went from the change of O levels to A levels I couldn't adjust because when I came to do my A levels I did A level biology and it was very open learning. It was to encourage you to take responsibility for learning and onto university and I could not do that. I didn't like it at the time. I needed to have somebody sit there and lecture to me and me to remember what they said and then me to write it down. I didn't like having to go out and find something for myself. I didn't have the discipline. But I think the only reason that I have the discipline now is number one, because I'm older and number two because I want to do it. So I have got the discipline there in fact, for the first time in my life, I have studied and I have studied hard, and I've got good results for it. But I didn't adjust well to it when I did my A levels. I think the flexibility definitely fits into a nurse's lifestyle. Especially a conversion course because a conversion course girl is not going to be a young girl, it's going to be a mature woman, married, with a commitment of may be a family, even just a husband is a commitment, and a house and a steady job. So I definitely think you have to have some flexibility because if the hours were so rigid and the lectures and one thing and another, I just don't think it would be possible to do. Not for a woman I think that nursing is geared to be flexible with shifts and things and I think the flexibility of the course is an opening to do it If I had to leave here and go to the NHS and go into school and do like a Project 2000 course which is a full-time course, I couldn't have done it. I wouldn't have the commitment to do it. It's too much of a gamble."*
> (Learner 1)

The flexibility in the topic areas for the assessment had also meant that the learners were able to pursue an area of interest which would be useful in their clinical practice and therefore the work of the hospital. Learners and their matrons discussed topic areas which might be beneficial to the clinical area but at the end of the day it was the learner's choice:

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> *"(J) usually comes to me and says, "These are the areas that we are looking at, is there anything you particularly feel strongly about?' We've never had a conflict."* (Matron)

Pre-operative visits by theatre nurses to patients prior to their operations had been initiated as a result of the work of a learner who was studying this programme. It was something which the hospital staff felt would improve client/patient care and the learner herself had had an interest in the topic. She had therefore used this as the focus for her written assessment. Pre-operative visits had been implemented by the hospital as part of the patient care strategy and had proved to be very successful.

Summary

- Flexibility in the mode of payment meant that one of the learners was able to undertake the programme who would not otherwise have been able to do so.

- The flexibility of this programme was important for the learners, who were typically mature women with considerable commitments at home. The flexibility enabled women with commitments of this kind to cope with their responsibilities whilst undertaking the programme.

- Learners were able to choose their own topic areas for the assessment, a facility which they considered to be very important. This choice of topic enabled them to follow a particular area of interest which was related to their clinical practice.

Key issues in the management of flexible learning

- Mode of payment is important and has an impact on access of continuing professional development programmes.

Areas of good practice in the management of flexible learning

- Choice of assessment topic had increased the relevance of the teaching and learning experience of the learners.

- The instigation of pre-operative visits is a good example of how flexibility can impact both on the learner's educational experience and achievements.

The purpose of making learning more flexible

Practitioners and education staff commented on the value of flexible learning to organisations such as the one studied here. The purpose of making learning more flexible however, had not been openly discussed with the teacher.

> *"I've never actually had a conversation to say, 'Well this is why we're doing it'. Whether that process took place before I started, I don't know. I know they wanted to update the education department to the twentieth century. Also, I don't know, but it might be down to a financial thing that in a sense it's cheaper to pay my salary and have them come in here than send all those girls off on a conversion programme elsewhere, I mean I don't know. I think from the actual work profile it's very good because they can't afford to second someone out all the time. The nature of the work in hospitals changes drastically. They can be crazy busy followed by peaks of nothing. It's a very unstable environment in which to work. It also depends on how many consultants go on holidays. The numbers can just drop dramatically. As a result of that they have a lot of staff on flexible contracts themselves, with a sort of a*

> *22 hours with a view to 22 guarantied with an extension up to a maximum of 30. So the hours are bombing round all the time as well. I think the fact that they know that a person's not away for a huge length of time actually helps them in dealing with the day to day running of the hospital. So I think from an organisational point of view, a hospital point of view, it's very attractive. I think again when you look at the profile of nurses in (organisation) it would be crucial, it would be very, very hard for some of them otherwise to get on the programme. A lot of them are quite young mums. Being flexible from the whole point of view even from the cost point of view, I've got a few people, candidates who'd love to do it but can't afford to do it. So it's not excluding on those grounds. It seems to have a heck of an impact on their life. I mean I did teach conventional conversion students, if you like, in my old post, but I mean it really does have a tremendous impact on their life not just their professional life, but socially. And you do see them grow and develop in a whole host of ways. I think that, I mean I don't know but I feel that they get more out of it from doing it this way. Some of it's a lot of struggle and they do struggle but sometimes doing that struggle, it makes them stronger and different"* (Teacher)

The purpose of flexibility here was seen to be to meet the needs of the organisation in terms of delivery an education programme at a relatively low cost and using a mode of study which did not take learners away from the clinical area for long periods. In addition flexibility enabled mature learners with family commitments to access continuing professional development programmes.

The theme of making learning more flexible to meet the needs and aspirations of the organisation was reiterated by one of the matrons.

> *"I think it's (flexibility) the only way we can really manage education in a company that's scattered through 34 hospitals in the country. It's very nice to have a central education place and it's located centrally in the country which makes it easier for people to get to. And I think if we didn't have that, education would be much more difficult to actually co-ordinate around the country because we need specialist education staff and they have to have a base. The rest of us have too much to do operationally to cope with it, although it's an element of our jobs, it's not the total element of it ."*

The other matron felt that the purpose of making learning more flexible was to mirror the ethos of the organisation as a whole. Each hospital was an independent unit and there had to flexibility within the organisation to accommodate this. Making learning more flexible enabled hospital staff to become better educated. With suitably qualified staff this matron was hoping to be able to deliver accredited study days at her hospital to help practitioners meet the requirements of PREP.

> *"From a (organisation) point of view having worked in private practice experience from* (organisation) *when you are 34 hospitals, that basically work independently, that are dotted around the country, you have got to have flexibility. You cannot have set rigid guide-lines any more. Anybody who wants to achieve this programme has got to go off to* (a town) *it's just not been feasible. Distance learning has got to be used and also empowering us which is what we're doing, we are trying to have more of our staff educated and retain the relevant qualifications that they needed to teach for example, the 998, so that we can do more on a local level so that we can have accredited, recognised study days, teaching*

> *sessions. And also to keep in line with the whole concept of PREP where you update in your specific field in your relevant field of practice." (Matron)*

Summary

- The express purpose of flexibility was to meet the needs of the organisation in terms of delivery of an education programme at a relatively low cost, using a mode of study which did not take learners away from the clinical area for long periods. In addition, flexibility enabled mature learners with family commitments to access continuing professional development programmes.

- Flexible learning was seen as being the only way of providing continuing professional development in an organisation such as this with such a wide geographic spread.

Management of flexible learning

The education staff indicated that the use of open learning material and the accreditation of prior learning was to enhance flexibility. The learners' handbook gave some indications of the degree of flexibility within the programme but there were no clear statements or policies which addressed flexibility directly. The management approach was clearly to deal with issues concerning flexibility as they arose as the education manager indicated.

> *"The policies are there in people's head but I don't think a lot of them are written down."*

The teachers worked as autonomous individuals under the guidance of an education manager. The flexibility of this programme had had implications for staff workloads but there were no statements or policies which indicated how this situation was to be managed.

> *"It operates very informally. I think because there are so few of us it's never seemed worth writing down. That seems dreadful but the system we operate at the moment is that each of the teachers, if we take* (C) *because we are talking about the conversion course, has a relatively defined workload. So* (C) *is the course manager for the conversion course and* (VE)*, who's the other teacher, who's speciality is theatres, so she's heading up the NVQ and that's her main responsibility. That's not to say that they don't have other responsibilities but if the 'proverbial' hits the fan, that's the one that takes precedence. We have team meetings and we tell each other what we're doing but that's not dictated by me and they know what the budget is for that course; they know how much they've got to spend on outside speakers, so they can bring in what outside speakers they like, when they like, get other people internally to teach, organise the sessions however they like. They don't work from 9 to 5, Monday to Friday. They organise their own time and it creates a lot of opportunities but it creates a lot of pressure as well I think. I'm not sure which way round creates most pressure, saying, 'These are the hours you work and you must do it within those hours,' I think is more pressure than saying, 'This is the total time you've got, this is the product that needs to be delivered, you manage it.' Because you're talking about very senior people and I think you need to have that element of control as long as you've got a safety net under that where you can say, 'I can't cope. I need help with this, that, the other.' But because we're a small team I think that tends to be pretty good on the whole. The only difficulty I think*

> *is because of the geographical spread in order to give flexibility to the student, we tend to go to them and sometimes it's a bit like the man and woman in the weather house in terms of the education centre, it's like the Marie Celeste - we're never all in at the same time. So we very much have to make that time and ring fence it and say, 'That's sacrosanct, that's the day in the month or whatever that we are all in together,' and yes there's lots of informal time in between that but we have to have time put aside where we get together as a team and hammer things out. But in terms of the management of that course* (C) *had organised the meetings with clinical supervisors, she'd organise the meetings with the rep's. She'll let me know what dates they are and if I'm around I might pop in but the management of that course is hers."* (Education manager)

It is interesting to note here the approach taken by the teachers who travel to locations where the learners are based, rather than the traditional approach of learners travelling to the location of the teacher. This suggests the notion of the teacher offering the learner a service and requires the teacher to be flexible in their day to day work. Such an approach makes demands upon the teacher in terms of travelling and time spent away from home.

Summary

- The education department had a small number of teaching staff who all shared a common philosophy in terms of the value of flexible learning. Teachers were therefore willing to be flexible in their approach and working hours but this flexibility had been borne through a sense of commitment and goodwill.

- Teachers often travelled to the locations where the learners were based instead of the traditional approach of the learners travelling to the location of the teacher.

Flexibility of curriculum content and assessment

The open learning material provided the

> *"bare bones"*

of the curriculum content. This work was self-directed and related to the learner's own clinical practice. Learners had to produce evidence that they had covered this work and they did so through the learning contracts which they devised, discussed and evaluated with their clinical supervisor. The outcome of the contract was therefore the evidence that the

> *"basic stuff had been done."*

As a result of this, the time spent on study days could be used in a more flexible way and learners were able to pursue areas of interest to them.

The meetings that took place between the education staff, the regional educational preceptors and the clinical supervisors provided a forum for discussing the parameters of flexibility within the assessment process. The parameters were not written down in formal statements. The 'understanding' of the parameters of flexibility came about as a result of the 'reps' and clinical supervisors coming up with suggestions and thoughts about what learners might wish to cover as part of an assessment and the teacher agreeing or not agreeing on whether such a topic would be acceptable.

The programme teacher considered that flexibility within the assessment process was curtailed by the ENB guide-lines. She stated that according to these guide-lines, there had to be a final written examination at the end of the programme and this imposed limitations on flexibility.

> *"I don't know why that final exam is there because you tend to find that if everything else is flexible the whole focus is this blasted paper at the end." (Teacher)*

Summary

- Regular meetings took place between the education staff, the regional educational preceptors and the clinical supervisors. These meetings provided a forum for discussing the parameters of flexibility within the assessment process.

- The open learning material provided the curriculum content of the programme. This meant that learners were able to choose the content of the study days.

- Flexibility within the assessment process was curtailed by the ENB guide-lines.

Key issues in the management of flexible learning

- Learning contracts enable flexibility in the assessment of practice.

Areas of good practice in the management of flexible learning

- Meetings between all personnel involved in the assessment of clinical practice not only promoted a shared understanding of the parameters of flexibility but provided a framework for future development of the assessment strategy.

Communication between education department and hospitals

The philosophy of the organisation had recently changed. Previously, education had been centrally funded and all applications for educational programmes had had to be passed by the education manager. This situation had now changed, hospitals created their own budget for education and spent it as they wished. hospitals were free to choose to purchase education from an institution other than the education department. Whilst this rarely happened in practice, the education staff were conscious that they were in competition with other providers of health care education and it was important that they listened to, and met ,the needs of the hospitals.

> *"After we had done a training needs analysis we set up three groups. One of them looked at what was happening professionally and how that was likely to impact on what we needed to supply. Another group looked at what was happening corporately in the direction the business was likely to go in and another group looked at what was being provided currently and how appropriate that was. We married that all together in an educational strategy. So, in terms of policy, the hospitals are very aware of the policy lines we're following and those were really three things although we've had to retrench on one of them. The three main strands we decided to pursue was first of all our enrolled nurse conversion course. That was for a number of very pragmatic reasons in a way. (The organisation) had quite a large number of enrolled nurses, many of who wanted to, and were in a position to undertake a conversion course but they were finding it very difficult to access courses in the colleges. Either because the places weren't there, particularly in the South West we had a particular problem where we have a lot of hospitals but there weren't*

> *many colleges of nursing, so places were quite few. So actual number of places was a problem. The other problem was the premium that was being charged by the colleges for nurses outside the NHS which made it financially practically impossible for people within (organisation) to do it."* (Education manager)

Effective communication at meetings with hospital matrons ensured that the education manager understood the changes within the organisation and in the delivery of care. These meetings also allowed the education manager to help the hospital management team to appreciate the professional development needs of the nursing staff

The matrons considered that communication between the education department and the matrons themselves and their staff was very good. They indicated that the education department was always willing to respond appropriately to their needs and this programme was an example of how those needs had been met.

Summary

- The education staff were conscious that they were in competition with other providers of health care education and it was important that they responded to, and met ,the needs of the hospitals.

- The matrons considered that communication between the education department and the matrons themselves and their staff was very good.

Notes

(1) An Open Learning Programme designed to enable second level nurses to convert to first level registration. This programme was produced by The Nursing Times, a nursing journal.

Case Study 8

Introduction and background

This case study was undertaken during the months of May and June , 1995 in a school of health care studies within a university.

The school had been an integral part of the university for a number of years and offered both pre and post-registration nurse education programmes. A recent evaluation of the ENB post-registration programmes offered by the school had identified an overlap in the content of a number of these programmes. As a result of this a modular scheme had been devised which was based on the principles of health care and which could be applied to all branches and specialities of nursing. This system created pathways for learners to achieve diploma, degree and higher degree level qualifications and offered learners a choice of modules by which to obtain these qualifications. The school aimed to incorporate a professional framework into this modular system to accommodate the notion of the specialist and advanced practitioner, in the near future.

At the time of the study the school was undertaking a marketing exercise which endeavoured to discover who their customers were and the nature of their customers' needs.

The module which was the focus of the case study was entitled 'Developments in Professional Health Care'. It was a basic module which was designed to facilitate experienced health care professionals into academic study, and provide them with 24 CATS points at level 1 and an ENB certificate. The module comprised of eight units . Not all of the units had to be undertaken by the learners and credit was given for topics covered elsewhere such as on study days for example. However learners were only allowed to omit up to two of the seven non-compulsory units, a unit on learning contracts being compulsory.

Details of the module

Details of the module from information provided by the school of health care studies are given below.

The aims of the module

The thrust of the module is the development of the skills and abilities associated with personal learning including establishing the relevance of theoretical components for clinical work (see pages 5-7). Although this is not a clinically-based module, in terms of developing and being tested on specific competencies, some of the developments taking place in clinical work will become apparent to you in the process of sharing ideas with the teaching staff and your colleagues, observing practice and discussing issues with people in your selected placement areas. The responsibility for 'capturing' your learning remains with you although the teaching staff and module leader (who also act as your personal tutors) will be pleased to help you as a group and as individuals. The particular focus of the course, in terms of subjects and clinical specialities, will be your own: what you will need to do is to identify your own learning needs, work out how you will meet them and articulate your learning to others including those who will be helping with your progress.

Module description

Module 1300 is a basic, two-term, double module, that is designed to facilitate experienced health care professionals into academic work, provide them with 24 C.A.T.S points at Level 1 and an ENB Certificate. The module provides an introduction to a selection of theoretical components which can be used as a framework of ideas to use in observing practice. The module enables students to update and build on their existing expertise. Access to health care settings is negotiated by exchanges within the group or can be organised via the module leader for placements outside those available by student-exchange.

Relationship with other modules:

Prerequisites:	Registration as a health care professional.
Restrictions:	BA(Hons) Health Care Studies Single and Double Field students may not include this module in their Stage II programmes.
Level and status:	An unattached, stage one, two-term double module *located*, for review purposes, within the field of BA(Hons)Health Care Studies.

How to use the handbook

This handbook will enable you to identify and locate members of the teaching team, and other resources for your learning. The content of each of the subject areas, or 'units', is described and linked to a set of expected learning outcomes. If you study the list of learning outcomes you will see that they are divided into three sections: 'knowledge and understanding', 'specific skills' and 'transferable skills'. The 'knowledge and understanding' sections refer mainly to the units but will also include aspects of learning you have selected for yourself. 'Specific skills' are focused on the skills of being self-directed and reflective but can include skills you would want to develop for yourself. The module attempts to strengthen 'transferable skills' i.e those skills which can be 'transferred' to other learning or general situations.

How you will be assessed

There will be a continuous process of assessment, much of it not marked but designed to give you feedback on your personal achievements. The written results of the learning agreement (or contract) that you produce by the end of the module will be marked for purposes of awarding you an overall grade. The one compulsory 'Unit' for the module is, therefore, the 'Learning Contract', because it is marked and graded. In this unit the notions that guide the approach to learning and assessment, and the ways in which you could develop a contract for yourself, are explored. The 'learning agreement' includes a compulsory, individual project on a topic of your own choice and this gives you an opportunity to develop your basic study and research skills as well as knowledge of the subject you choose to explore.

The learning contract should demonstrate all the learning you have achieved in the module. This means including sections for each of your selected units and placements showing how you have sought to establish the interrelationship between theory and practice. You will not be constrained by the units and placements, and if you wish to develop other interests you are encouraged to do so, but you must include work from the units and specified placements as well.

Choices of units

Not all the first term units need to be taken: some students may have studied some subjects elsewhere. You are recommended to make the most use of the less familiar topic areas and you may only omit up to two of the seven, non-compulsory ones. Remember that the unit on learning contracts is compulsory; this is because it forms the basis of assessment for the module. You may wish to take all the units but taking more than five will incur more time than is necessary for the module (see module hours on p.). You are therefore advised to take only those units for which you have no previous experience and to avoid any repeat of previous work. In the event that you do want to take all the units please see your personal tutor for the module, or the module leader, for advice.

MODULE CONTENT

The first term units consist of the following subject areas:-

1. Learning Contract

This unit helps you to understand the theoretical underpinnings of learning contracts, develops your abilities to set your own objectives, identify specific resources, implement a learning plan and evaluate the outcomes. The aims are to 'capture' the learning in a written format and to make reflection explicit. 'Reflection' is a subject area in itself and the ideas that underpin this approach to learning will be explored during the early sessions of the course.

2. Core Study Skills

The use of libraries, information retrieval and some useful reading skills, such as 'skimming' and 'paraphrasing' are explored in this unit. Referencing techniques are taught and you will be expected to be thoroughly knowledgeable and proficient in referencing all your written work. Later in the first term our attention will move to the preparation of written work and presentations in readiness for your work on a project. Reviewing literature forms part of the work on the unit and will be further developed in the unit 'Introduction to Research'.

3. Theoretical approaches to Health Care

In this unit we examine sociological and theoretical ideas that underpin Health Care in general and professional work in particular. Sociological perspectives include comparisons between the notions behind the inception of a National Health Service and present day views; the professional viewpoints include the study of some potentially useful ideas relevant to the patient / health care professional interface, such as models for assessing and planning care.

4. Introduction to Research

The focus of this Unit is on developing the skills of evaluating published research. In order to achieve this we have to understand the nature of the 'research process' and some of the pitfalls that researchers should avoid. Analysis of published work enables us to gain an appreciation of a range of approaches to health care research and of some of the specific skills necessary for this kind of work. The unit begins with an exploration of the nature of knowledge and an identification of how we have come to 'know' anything in our present and from our past.

5. Introduction to Learning and Teaching

Understanding how learning occurs enables teachers to plan and implement approaches to teaching that will help learning to be achieved. The unit will focus on theories of learning and explore students' own ideas about how they are able to learn. Teaching skills can be used for patients and relatives as well as to our colleagues and peers. You may also find that you can utilise the material from the Unit to teach yourself, your children and your friends.

6. Interpersonal Skills

Health care is awash with interpersonal interactions including a mass of communications and reactions between patients and staff. This unit is designed to develop communication skills and to enable us to understand the nature and importance of effective communications between patients and ourselves. Some of the more intracommunication techniques, such as Transactional Analysis, are introduced in order to deepen our awareness of possible hindrances to effective interactions and communications among ourselves.

7 Ethics and Law in Health Care

The basis of ethical decision-making is explored in this unit together with the basic tenets of the law. A comparison between possible ethical and legal implications of particular instances of clinical practice enable us to see where there are clear guidelines and boundaries that contrast with difficult situations in practice that call for judgements which might be both right and wrong. Some of the classic dilemmas of health care, such as euthanasia and the issues of resuscitation, are discussed in the context of different ways in which ethical decisions may be viewed.

8. Changes in the NHS

Recent reforms and reviews of the NHS are explored for their implications on the work of health care professionals. The aim of the Unit is for us to understand the nature and focus of various reforms and to find examples, from our own work in health care, in which the reforms can be seen to be having an effect. One of the principle reforms is that of achieving more consumer participation and satisfaction with health care services. We shall explore what this means for each of us in the context of our own current work.

Placements

Second term placements are organised during the first term. Students take responsibility for deciding on the specialist areas, making contact with key service personnel and liaising with their contacts to organise their placements. Every effort is made to exchange visits within the peer group. This enables students to practice the skills of mentoring with members of their own group and using the opportunity to meeting up with other members of the group during the second term. However, these factors should not overrule the general trend towards student freedom and choice of specialist areas of practice in which they want to develop their knowledge and skills. If students wish to study clinical areas outside of group members' workplaces they should plan and liaise more closely with the module leader and obtain clearance from the Clinical Placement Strategy Group within the School of Health Care Studies.

METHODS OF TEACHING

Students can expect to experience a wide range of approaches to teaching, all of them designed to facilitate their personal learning. The methods will include lectures, seminars, group exercises and tutorials. The University and School philosophy is one of 'learner-centredness' which means that your existing knowledge, experience, ideas and interests form the starting point for any 'developments' in your work. The teachers will be assessing levels of existing knowledge among individuals and in the group, using the assessment as a base from which to teach. Your contributions to the work in class will enable teachers to ensure relevancy for your interests and your work but your active participation is an essential requirement if this is to be achieved.

You will be introduced to the skills of observation in readiness for the second term. Teaching methods will include small exercises in observational methods and discussions in group work. Throughout the two terms you will be encouraged to practice the skills of reflection and to continue to capture all your learning in your personal learning agreement. You will, in essence, therefore, be self-taught and able to transfers these skills to future learning whether in clinical areas or in further academic work.

LEARNING OUTCOMES

By the end of the module the students will have experienced (e), practised (p) and/or been tested (t) on:-

A: their knowledge and understanding of:-

1) the theoretical basis of learning contracts (t);

2) the manner in which libraries are organised (p);

3) techniques for referencing and use of the Harvard System in academic work (t);

4) project writing and standards for presentation of project work (t);

5) literature reviews (e/p) and incorporation of referenced literature into project work (t)

6) the origins of the National Health Service and ideas of the organisation today (e/p)

7) professional approaches to planning and evaluating health care (e/p)

8) methods of evaluating research (e/p)

9) the research process (e/p);

10) a variety of research approaches to health care research (e/p);

11) education theory relevant to learning (e/p);

12) a variety of teaching approaches (e);

13) the basics of ethical decision-making (e);

14) recent changes in the NHS (e).

B: Their ability to develop the following specific skills:-

15) identifying personal learning needs (t);

16) setting clearly specified objectiv (t);

17) identifying and locating a variety of resources (t);

18) implementing an individualised plan of learning (t);

19) demonstrating an ability to articulate reflective thinking (t);

20) evaluating personal learning achievements against objectives (t);

21) exercising information retrieval skills (e/p);

22) referencing work accurately and consistently (t);

23) preparing and presenting a piece of written work that is well-structured, uses accurate grammar and spelling and presented in a readable and attractive manner with appropriate visual aids (t);

24) analysing the points made in by authors in published work and present a coherent and critical argument from the results (t);

25) discussing a variety of ideas that emerge from discussions about the origins, current situation and reforms of the NHS (e/p);

26) describing the steps of the research process (p);

27) discussing issues associated with a variety of methods of data collection and the analysis and interpretation of results (p);

28) relating the discussions to thinking about the nature of human 'knowingness' (e/p);

29) contributing to reflective analysis of personal learning styles and skills (e/p);

30) relating methods of teaching to an appreciation of how learning occurs (e/p)

31) mentoring and helping others to achieve learning skills (t);

32) communicating with peers, members of the teaching team and clinical personnel (t);

33) gaining an appreciation of interpersonal behaviours (e/p);

34) debating differences between ethical and legal factors in health care situations (p);

35) describing the basis of ethical decision-making (p);

36) identifying examples of recent health care reforms that have been implemented in clinical practice (e/p);

37) discussing the effects of some of the identified health care reforms (e/p).

C: Their ability to develop the following core, or transferable skills.

38) teamwork in selecting ideas, writing objectives and presented project work (t);

39) communication skills with peers, the teaching team and clinical personnel (t);

40) self management skills, including an ability to be self-directing (t);

41) using libraries, information retrieval skills and the use of a variety of literature (p);

42) producing written work to an acceptable academic standard for coursework (t);

43) negotiation skills for personal attention with personal tutors and members of the teaching staff, mentoring from clinical staff or peers and other people (t).

MODULE HOURS

120 hours are considered a normal amount of study time for a single module. A single module normally runs in one academic term. Module 1300 is a double module and is therefore 240 hours in total, across two terms.

Study time, in the first term, is divided between the taught sessions, seminars, personal study time and tutorials. The time is allocated as follows:-

First term	6 x 6 hours for 6 units	=	36 hours
	Personal study time	=	82 hours
	Personal tutorials	=	2 hours
	Total	=	**120 hours**

Placements take place in the second term and the time is calculated on the basis of ten, normal working days. The total time allocation is therefore:-

Second term	2 x 37.5 hour placements	=	75 hours
	Presentation of projects	=	8 hours
	Personal study time	=	35 hours
	Personal tutorials	=	2 hours
	Total	=	**120 hours**
Total time for the module		=	**240 hours**

Note: during the time in placements you will be in an observation role but it is not expected that you will be in the clinical areas all of the time. You should plan so that you spend time in writing up your learning contract as you go, ideally with the help of your mentor. You will probably need to intersperse observations with study time and may need to negotiate access to the local libraries.

CRITERIA FOR MODULE ASSESSMENT

The assessment for the module is by 100% coursework (there are no examinations).

Your learning contract is the key component that will be assessed. Your project will be considered as one of the components of the learning contract and will be marked according to the criteria for core study skills as well as the general criteria for the learning contract.

Criteria	A Grade: 70 - 100%	B+ Grade 60 - 69 %	B Grade 50 - 59%	C Grade 49 - 40%	Refer/Fail 39 - 0%
Setting personal learning objectives 15%	Objectives are realistic, very thorough, related to clearly defined learning needs and achievable	Objectives are realistic, very thorough but do not always appear to be achievable	Objectives are realistic and quite thorough. They may be only partly achievable.	Some useful learning objectives identified but limited for meeting identified learning needs	Poorly defined objectives, unrealistic and unachievable
Identifying and utilising learning resources 15%	Comprehensive and versatile range of resources identified and utilised.	A wide range of resources identified and utilised but of a similar range and type	A good range of resources identified. Not all of them utilised.	A limited range of resources identified and limited level of utilisation	Resources poorly identified and only some them utilised
Evaluation of learning 15%	Learning clearly, comprehensively evaluated. Includes validation by others	Learning clearly evaluated and some validation by others	Learning evaluated with some difficulty and not always validated by others	Only some learning evaluated and very limited validation by others	Learning not evaluated or validated
Presentation of the learning contract 10%	Demonstrates an understanding of the principles of learning contracts. Well structured with all relevant sections, headings, and contents	Demonstrates understanding of the principles of learning contracts. Good structure with all sections having clear indication of contents	Some understanding of the principles of learning contracts. All sections having some structure and clear indication of contents.	Limited understanding of the principles of learning contracts. All sections recorded but not always clear about contents	Poor understanding of the principles of learning contracts. Some sections missing.

Criteria	A Grade: 70 - 100%	B+ Grade 60 - 69 %	B Grade 50 - 59%	C Grade 49 - 40%	Refer/Fail 39 - 0%
Written project: Specific points 1: presentation of arguments 10%	Points made by other authors very well articulated and integrated into the project. A new perspective developed as a result.	Points made by other authors well integrated into the project but only a limited new perspective developed as a result	Some integration of other authors' points into the project: only a limited new perspective developed	Very limited integration other authors' points and no new perspective developed	No integration of other authors' points and no perspective developed.
Written project: Specific points 2: Topic. 7.5%	Carefully selected, clearly indicative of new learning, thoroughly investigated and presented to demonstrate how learning has been achieved.	Well selected, indicative of new learning, investigated well and presented to show how learning has been achieved.	Satisfactory selection that indicates new learning, investigated quite well showing how learning has been achieved.	Selection could have been improved but does indicate new learning and how it has been achieved	Poor selection that does not indicate new learning or how it was intended to be achieved.
Presentation of project: General points. 5%	Excellent presentation with a very clear structure and coherence, careful pacing, well argued and concluded	Very good presentation that includes a clear structure and coherence, good pacing, a clear argument and conclusion	Good presentation with structure, coherence, an argument and a conclusion	Satisfactory presentation with some structure and coherence and a conclusion.	Unsatisfactory presentation without structure or coherence, poor pacing, and no argument or conclusion.
Teamwork 5%	An excellent, collaborative member of the group who consistently engages in group work and makes useful contributions to others' learning processes.	Helpful member of the group who makes consistent contributions to others' learning processes	Capable of making consistent, constructive contributions to others' learning in group work	Makes occasional contributions to groupwork and others' learning	Poor team member who fails to make any constructive contributions to others' learning in groupwork.

Criteria	A Grade: 70 - 100%	B+ Grade 60 - 69 %	B Grade 50 - 59%	C Grade 49 - 40%	Refer/Fail 39 - 0%
Reflective abilities 5%	Consistently engages in reflection with evidence of changed perspectives or directions	Engages well with some evidence of changed perspectives or directions	Consistently attempts to be reflective and to capture reflections in new perspectives	Some attempts to be reflective	No evidence of reflection in thought or action
Negotiation skills 5%	Demonstrates a consistent and clear ability to negotiate in order to meet learning needs	A very good ability to negotiate personal requirements	Some evidence of good negotiating skills	Very occasional evidence of reflective skills	No evidence of being able to be reflective
Self-directedness 7.5%	Demonstrates a consistent and confident degree of responsibility for self-learning	A very good degree of confident responsibility in moving forward in learning	Good self-directedness that lacks a certain amount of confidence	Needs to become more confident and thorough in becoming self-directed	Needs to tale on much more responsibility for self-learning and being self-directing.

Indicative Reading List

Learning Contracts:

Boud, D. and Keogh, R. and Walker, D. (1985) *Reflection: Turning Experience into Learning*, London. Kegan Paul.

Knowles, M. (1984) *The Adult Learner: A Neglected Species* Houston. Gulf Publishing.

Schon, D. (1991) *The Reflective Practitioner* Aldershot. Gower.

Core Study Skills

Nortledge, A. (1990) *The Good Study Guide* Milton Keynes. Open University Press.

Introduction to Learning and Teaching

Hinchliff, S. (Ed) (1992) *The Practitioner as Teacher* Harrow. Scutari.

Interpersonal Skills

Argyle, P. and Henderson, M. (1985) *The Anatomy of Relationships and the Rules and Skills Needed to Manage Them Successfully* London. Penguin Books.

Kagan, C.M. (1985) *Interpersonal Skills in Nursing* London. Chapman Hall.

French, P. (1984) *Social Skills for Nursing Practice* London. Prentice Hall.

Ethics and Law in Health Care

Dimond, B. (1990) *Legal Aspects of Nursing* London. Prentice Hall.

Glover, J. (1977) *Causing Death and Saving Lives* London. Penguin Books.

Kennedy, I. (1992) *Treat Me Right* Oxford Clarandon Press.

Theoretical Approaches to Health Care

Aggleton, P and Chalmers, H (1986) *Nursing Models and the Nursing Process* London. Macmillan.

Holliday, I. (1992) *The NHS Transformed* Manchester. Baseline Books.

Introduction to Research

Cormack, D. (Ed) (1991) *The Research Process in Nursing* Oxford. Blackwell Scientific

DePoy, E and Gitlin, L.N. (1993) *Introduction to Research: Multiple Strategies for Health and Human Sciences* St Louis. Mosby.

Changes in the NHS

Ham, C. (1991) *The New National Health Service* Oxford. NAHAT.

Ham, C. (1992) *Health Policy in Britain* Basingstoke. Macmillan.

Planning and history of the programme

After incorporation into the university and the development of the pre-registration degree programme the school had recognised the need to 're-think', re-organise and develop the post-registration programmes which were offered. The development of this module was part of that larger plan. A planning team had been established which consisted of educationalists, practitioners and trust managers.

Collection of data

Data were collected from seven individuals.

Education manager - responsible for module/programme development and quality assurance. She liaised with external agencies including the ENB and the trusts.

Teacher - responsible for the organisation and management of the module but she also contributed to the delivery of other modules and programmes within the school.. She had been part of the planning team for the module.

Learner 1 - a staff nurse working part-time in the recovery and anaesthetic area within an operating department. She had worked in this specialised area of care for over 20 years having converted from level 2 to level 1 registration in the past year. Her children had now grown up and she was looking to develop her own career pathway and to obtain a diploma in critical care. She considered that this module was providing her with the academic basis for diploma study.

Learner 2 - a staff nurse working in the anaesthetic area in the operating department. This learner had been qualified approximately five years and she was now wanting to study for the diploma in critical care. She saw this module as providing the academic basis for diploma study.

Learner 3 - an enrolled nurse currently not practising. She had worked in an intensive care unit but had taken time out to look after her children. These were now at school and she wanted to return to practice. She found that she could not just return to practice because no one would employ her so she saw this module as

> *"a refresher"*

in terms of education and an opportunity to re-enter clinical practice.

Learner 4 - a staff nurse working as the dialysis co-ordinator on a renal ward. She had worked part-time when her children were young but now they were growing up. Before applying to study the diploma in critical care she had undertaken a module which focussed on the development of study skills and this 'Developments in Professional Health Care' module in order to prepare her for study on that pathway.

Lecturer in clinical practice - a senior nurse employed by the university but based in the clinical area. This nurse had a contract with a trust but her salary was paid by the university.

Questionnaire data

The dimensions of flexibility reported by the module teacher in the questionnaire prior to the case study data collection visit are given below.

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..........

Name of contact person..........

Telephone number..........

Title of module/course....Module 1300 Developments in Professional Health Care

Is this a module or course? Please indicate with a tick. Module ☑ Course ☐

If module, please indicate level....Level One

Total number of hours of learning for module/course....240 hours.

CATS-rating....24 at Level One

Is this module/course ENB approved? Please indicate with a tick. Yes ☑ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled (but the number can be as low as 6)	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	✓
2. The institution offers this module/programme at more than one location	
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only + one week day morning	✓
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	
3. Module/programme offered as one of a choice of a different group of modules on each occasion	
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	
3. Learners are able to negotiate to use a mode of study of their choice	
4. Mode of study specified by the teacher, institution or external agency	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	
2. Some choice for example two or more entry points during the year	✓
* 3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	
2. Specific qualifications required	
3. Range of qualifications and experience accepted	
4. Evidence of learning from appropriate experience accepted (eg APEL)	
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/ programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	
3. Requirement to attend an educational establishment for some module/ programme learning activities at a specified time	
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	
2. Negotiable finishing date	
3. Negotiable within a fixed time span	✓
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	✓
3. One payment in full at fixed point during the module/programme	✓
4. Payment by cheque or cash only	✓
5. Payment by credit card accepted	✓
6. Direct debit payment over several months	✓
7. Interest-free loan from local Hospital/HospitalTrust	✓

Any of these may be negotiated

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

* No. 3 now being planned with the idea that students may wish to take only part of the programme (i.e. some of the Units, either of the Observation placements or a project — or a combination of any of these. Only nurses who complete the whole module would be eligible for the ENB Award.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	Some
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	✓
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL (for [illegible] Students	✓ ✓
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	✓
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	✓
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	✓
3. Teacher/trainer + other people such as specialists or peers	
4. Teacher/trainer + other resources and people	
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	✓
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	✓
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	✓
5. Access to tutorial support restricted to working hours	✓
6. Tutorial support available outside working hours	
Pace of progression through the module/course	
1. Pace determined by the tutor	
2. Pace negotiated between the tutor and the student	✓
3. Pace determined by the stude	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	✓
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	
5. A range of assessment evidence specified by the teacher Some of	✓
6. A range of assessment evidence negotiated by student and teacher each	✓
Assessment of practice : not practice - based by '2' still applies	
1. Same criteria for each student	
2. Criteria based on individual student's learning needs	✓
3. Criteria negotiated between student/teacher and assessor	✓
4. Criteria negotiated between student and teacher	✓
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

I note the emphasis on summative assessment. The assessment Strategy for this module is highly formative on both a group and individual basis. The summative assessment is therefore almost incidental and used only to provide the student and others with an indicator of eventual grading. It does not necessarily reflect the personal 'journey' the student may have made.

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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From the questionnaire data and from the case study data, the following dimensions of flexibility were explored in detail.

- entry requirements
- provision of module/programme
- starting dates
- time of the module/programme
- module/programme choice
- mode of attendance
- payment for module/programme
- content of the module/programme
- modes of teaching and learning
- teacher support
- resources for teaching and learning
- method of summative assessment

Access and provision

The module only operated if a minimum number of learners had been enrolled. Currently, the module was running with nine learners but the 'ideal' number of learners, in terms of cost effectiveness, was 15 to 20. The module operated on the school site only and this was some miles from the work place of the learners interviewed.

The module enabled participants to develop skills associated with academic study. These skills would obviously benefit the learners during future study so in a sense, the module 'opened up' the continuing and professional framework programme for learners.

All the learners interviewed had discovered the existence of the module from either talking to other nurses who had previously studied it themselves or from information displayed on notice boards. One learner said that she had

> *"walked in off the streets"*

and asked at the university reception desk what modules/programmes might be available to her. All learners had found the teachers very helpful during their initial enquiries, most of the learners interviewed had spoken with the module teacher before making an application. Applicants had to be registered nurses but there were no formal pre-entry requirements for the module and this made it open and accessible to all who wished to apply. At the time of the study, there were two module starting dates each year and the learners were free to choose the date which suited them. There were plans to increase the number of starting dates in the future.

The module was offered outside of normal working hours. There were two study sessions a week, Monday evenings 18.00hrs to 21.00hrs and Wednesday mornings 09.00hrs to 13.00hrs. This pattern of study sessions had been designed to accommodate the needs of both the learners and the trusts as explained by the teacher.

> *"Those motivated to do the course, very keen, kept hitting brick walls because they could not get a whole day out. So it didn't benefit them. Certainly it was for the trusts benefit as well. If the trust really had a problem with releasing people then obviously we needed to be flexible according to their needs. But also because the students were really stressed by being away, they had the usual problem that we find quite frequently or did find in EMA (education of mature adults) courses that they feel guilty about being away from*

> *the clinical area. The thing is in your own time, in some way, although they do negotiate on application that they are offered the time for the course they still feel more comfortable if at least part of the time they see as their own. And very often they will, often take their week long placements in their own time, in their annual leave sometimes. They feel more comfortable that way."*

The amount of study time learners received varied from trust to trust and from individual to individual. One learner who worked until 14.00hrs on Monday afternoons, used her own time for the evening session but was given study time to cover the Wednesday morning sessions. Another learner worked an 'early shift' until 16.30hrs on the Monday and a 'late shift' on Wednesday so undertaking the sessions in her own time. All the learners interviewed conveyed a great sense of 'loyalty and duty' in respect of their professional work and they all recognised that the needs of the clinical area had to be met and primarily they were employed to meet those needs.

The lecturer in clinical practice indicated that the location of the module was important for the member of her staff. This member of staff, who was currently taking the module, was married with a family and therefore the location was right for her as she only had to travel a short distance across the town. Should the module not have been available at the current location and the learner had had to travel a greater distance, the trust would not have funded the learner's travelling costs.

Attendance at study days was negotiable and if learners felt that they had already covered the topic previously or felt they already had sufficient knowledge of the topic then they did not have to attend. In reality, most of the learners attended sessions, the nature of the programme and the fact that learners considered the module to be very beneficial to them contributed to this willingness to attend. The lecturer considered that learners undertaking such a programme were often not very confident in their own knowledge and abilities and therefore welcomed the 'security' offered by attending each session.

The majority of the learners interviewed were supported financially by their trust. The one leaner who was paying for the module herself had paid in a lump sum before starting the module. This had not been a problem for her and she had not enquired if it was possible to pay in any other manner.

Summary

- The module operated only if a minimum number of learners had been enrolled.

- The study sessions were based at the university site only, however this was not a problem for the learners interviewed.

- There were no formal entry requirements for the module. This flexibility made it open and accessible to all of those who applied for a place.

- One of the study sessions took place in an evening. This flexibility in timing was to accommodate the needs of the trusts in staffing the clinical areas and the needs of the learners in fulfilling what they considered were their primary professional obligations to the clinical areas.

- Attendance at study days could be negotiated with the teacher.

Key issues in the management of flexible learning

- The 'ideal' number of enrolled learners was 15 to 20. This ensured that the module was cost ineffective to operate. This is a fairly large number of learners especially given the difficulty of meeting individual needs with large groups. This raises the issue of cost versus the quality of flexible learning.

• The module was CATS-rated at level 1. It is a matter for debate whether credit should be given for a module which is essentially preparing learners for future study. At the time of the study learners were not able to use the CATS points gained from this module towards an academic or professional qualification.

• A consideration in the management of flexible learning is the high level of learner commitment and motivation. It could influence the process of negotiation on matters relating to the module/programme.

Areas of good practice in the management of flexible learning

• The school was undertaking a marketing exercise to discover who their customers were. Given that one of the purposes of flexible learning is to meet stakehoders' needs more effectively this marketing exercise could provide important information and may help to ensure that the introduction of flexible learning within the institution is well managed.

• The aim of the school was to provide practitioners with choices in terms of the modules they studied. Sets of choices formed pathways which led to academic and professional qualifications. Each module was planned so that it played a role within this larger pathway plan. This practice improved the quality of learner choice.

Teaching and learning

The prescribed content of the module, in practice, served principally as the basis upon which negotiation of content could take place. The teacher considered that sessions were based on principles and theories that the learners could then apply to their own experiences and clinical practices. The teacher spoke of the use of group work and using the ideas of the learners to develop the topics covered in the sessions. Outcomes of the session may not have been the same as that anticipated by the teacher but that was acceptable to her.

> *"Within each session each of us teachers has a sort of basic idea but we negotiate with the students. We assess what they already know and do the usual plenty of group work, so sharing ideas with each other and we might come out with something quite different on it that is something we intended. We would never teach say because there seems to be a predominant people from the elderly care we wouldn't necessarily steer towards euthanasia. We tend to teach but I tend to teach general principles of where everything comes from."* (Teacher)

The learners concurred with this notion of learner involvement in the material covered in teaching sessions.

> *"Usually what the course tutors have done is they've said at the beginning of this session, 'I intend to cover, whatever, are you happy with that or are you not happy with that? Have you done it haven't you?' And then often they have their coffee breaks with us too so if something crops up there or we discuss something they'll pick up and say we can follow that up when we get back. Everything ran on Monday night, Wednesday morning or Wednesday night, Monday morning whichever bit followed the other, so that if we found on the Wednesday that we weren't clear about something we could actually bring it up. And all being adult*

> *learners I think it's much easier to say, 'Not happy with this, I don't understand it or this is way below us can you up it a bit?' I felt we had that flexibility to do it and everything was, I felt discussed and evaluated at the end of each session."*

Learners were encouraged to use the mode of study which suited them. So, if a learner wished to use an open learning package than that was very acceptable. The learners had learning contracts which the teacher considered were useful for concentrating the learners minds on what resources they were going to use. Radio and television programmes and videos as well as outside 'experts' were all used by learners as resources during the learning process.

All of the learners had been allocated personal teachers all of whom were contactable during normal working hours. The module teacher indicated that she did not mind being contacted at home if a learner was in difficulties but this had never occurred. Learners were not always able to leave their work places to met their personal teachers at the university so the module teacher often met with the learners before or after study sessions. She reported that she also

> *"blanked out time"*

during the week, in her diary, when learners could meet with her. In addition to this she had an answerphone in her office so if she was out when a learner telephoned, she could respond to the learner on her return. Overall the learners felt supported by the teachers as indicated by learner 2.

> *"about the support that the tutors give you. Well I think it's excellent. Some of the tutors have been out of nursing for a while and some of them are as open minded as you like and some of them aren't. And some of the things that they come out with or it's been a bit shocking, things that go on are quite shocking at times. So that's been quite strange. We've been agreed that it's been very mixed but we've all got on famously together and it's a very supportive environment and the tutors have responded to that and they enjoy teaching us, so far so they've said. They have and they've been absolutely fantastic. I couldn't make a tutorial last week and I hate that, I hate not keeping an appointment and I phoned J (her tutor) and left a message on the answerphone saying my grandmother's really poorly she's in the hospital and when I did meet J before J launched into, 'How are things and all that?' she just talked to me very calmly about my grandmother's illness, and J just listened that was all I needed and then we got on with the rest of it and she wanted to know how she could help me and that sort of thing. So that's very supportive."*

There were sessions within the module for the learners to be introduced to the library and to develop the skills necessary for library searches. There were CD-ROM search facilities and the teacher and learners had developed a resource box which contained articles which were of interest. The library opened from 09.00hrs to 22.00hrs. There was a school librarian whose role it was to look after the needs of the learners and learners reported that she was very approachable and helpful. In addition to these library resources, learners had access to computers for word processing and educational programmes and the information technology technician in the school was willing to spend time with the learners to help them in any way necessary.

Summary

- Learners, as a group, could negotiate the content of the module in order to meet their needs.

- Learners were encouraged to use a variety of learning modes and resources. These were identified and agreed with the teacher through the use of learning contracts.

- Each learner was allocated a personal teacher who could be contracted within work hours. The module teacher also gave her home telephone number to the learners.

- The module contained sessions which introduced the learners to the use of the library. Other resources, such as computers for word processing and educational programmes, were also available.

Key issues in the management of flexible learning

- The teacher reported that negotiation of content meant that sometimes the outcomes of a session may not have been the same as that anticipated by the teacher. This is of course part of the problem associated with specifying intended learning outcomes in professional education.

- Learning contracts are useful in managing the process of flexible learning.

Areas of good practice in the management of flexible learning

- This was evidence of good learner support here is clearly valued by the learners.

- The use of learning contracts contributed to the effective management of flexible learning.

Assessment

Assessment of theory

Assignments were set on a continual basis. Many of the assignments were not formally graded but were designed as vehicles to give the learners feedback on their personal achievements. The written results of the learning agreement (or contact) which the learners produced during the module was marked at the end of the module for the purposes of awarding the learner an overall grade. The learning contract included a compulsory project on a topic of the learners own choice. This was designed to provide the learner with an opportunity to develop their basic study and research skills as well as extend their knowledge on the topic that they had chosen to explore.

This opportunity for the learners to develop their knowledge on a topic of their choice had been appreciated by all the learners interviewed. They felt that they wanted the personal development that this opportunity offered as well as the opportunity to 'give' something back to their clinical area as learner 1 explained.

> *"We're doing a 6-8,000 word learning contract - again, this is something on which there has been a lot of debate, particularly at the beginning, and I think this is where your peer support would be handy now - on the elements of the course really, the learning, the teaching, the ethics and you incorporate that into a learning contract of 6-8,000 words and that is marked and graded. You also produce a 2,000 word essay which you present at the end of the course to the rest of the group. That is also marked Whatever you like, but, your course tutor wanted to know what you were doing before the end of*

> *last term and she sort of said, yes or no to it. I'm actually going to talk about the noise levels in the recovery area. 'How noise affects the patients?' - if I can get enough information together, but there's not much written on it though. I actually feel I'm probably slightly old fashioned because I trained in 1970 and I think some of those elements stay with you even though I feel very fortunate in the fact that I'm almost an old learner and a modern learner. So I feel I've got the best of both worlds in some ways. But I still feel you should try and give something back to your department at the end of the day."*

Summary

- The learning contract part of which was 2,000 word essay was a compulsory piece of work for the module. The aim of the learning contract was to help learners develop knowledge and skills in a particular topic area.

- The topic area for the essay could be anything which the learner chose to study within nursing. The learners interviewed appreciated this opportunity but felt the need to study something which was of value to their own clinical areas.

Assessment of practice and practice placements

There was no assessment of practice during the module although there were two clinical placements which occurred during the second term. These placements offered the learners the opportunity to choose a specialist area of practice in which they wanted to develop their knowledge and skills. Learners were encouraged to 'swop' clinical areas with another member of the group studying the module but it was also possible for learners to set up placements in other ways. All learners interviewed agreed that these placements were extremely beneficial and allowed them to meet their learning needs.

> *"I originally thought I wanted to go to Intensive Therapy Unit for one of them and I wanted to go to something totally different from ITU to the other. That's far as I got. And then as the course progressed, I realised I didn't know why I wanted to go to ITU except, that I love it and I wanted to go back and get in there again. But from a learning point of view I couldn't decide what I actually wanted to go down for, except, I wanted to go again. So I realised that probably wasn't the best reason for going, for me, or for the people that had to drag me round. So then I looked more at the changes in the NHS and thought well I ought to actually look at something that I don't know anything about rather than something that I actually know quite a lot about. If I went back there I could get back up to scratch relatively quickly. So then with the changes in the NHS I just looked at them all and I thought, the buzz word, another everybody kept on about was 'audit.' Well I knew nothing about audit, absolutely nothing. So that decided me, well go and work with the audit department and see what they do. So that's how one of them came about. How the other came about was wanting to be totally opposite end to ITU, I wanted to look at rehab and having connections with* (Hospital) *they've got this new scheme for the spinal injuries, which has just won a prize. It's been developed by a psychologist, who's obviously very keen and it's really flying, and I thought well, in ITU the philosophy is if they can breathe, you've done a great job, they're better. This is totally different and that's not the end of the story. So that's how I chose my other one. But again, it took till the end of the first term to If I'd have just been let, if they'd have been short, I'd have just gone*

> *to ITU, something I knew and it probably wouldn't have been the right thing."* (Learner 3)

Learners were able to negotiate with their managers when they undertook these placements as long as it was within the time span of the second term. This negotiation had obvious benefits for the ward managers who were able to make plans to cover the learners absence from the clinical area. The lecturer in clinical practice identified that this feature had been particularly important for her member of staff as this allowed the learner to fit in the clinical placements with the needs of the clinical area. The learners were also very conscious that these placements offered them

> *"a wonderful opportunity"*

that their colleagues in their own clinical areas would not have. This opportunity made the learners determined to use these placements wisely and to use the experience to gain knowledge and skills which would not only benefit themselves but hopefully their colleagues and patients/clients.

> *"Well you can go wherever you want. You could have gone to an STD clinic in John O' Groats if that was what you were interested in and that was made very clear. And a few examples were way out examples. So I think that sort of broadened the whole picture. So that was fine. I have to say that it was put to me that perhaps I would like to go and do some psychiatry or something. I said, 'I'd rather not really.' You try to be nice about it all and everything I did 6 weeks psychiatry in my training and did absolutely nothing except put me off anything to do with anything like that ever again because it was so awful. Also, I couldn't see how it would help my clinical area But J's (tutor's) argument in fact it does because it broadens your perspectives a little bit which I'm sure is absolutely right but at this time I don't feel it was appropriate. The other thing is that there's so many constraints from time; there's so many constraints of study time and I'm on two weeks study leave now and I know that my colleagues are working and breaking their backs downstairs because it is so busy. It's the busiest place on earth and so can you imagine going off somewhere and doing some mickey mouse type thing and knowing that your colleagues are not going to benefit from that; the patients aren't going to benefit from it. Looking at other areas within the course for example, looking at things like law and ethics, having a knowledge of the law and going into an area such as ITU which is as critical as the area that I work in is a comparison that can be made there, that's got a lot more relevance to my patients and to my colleagues than going off and learning about sexism or something."* (Learner 1)

If a learner was not always sure which placements to choose, the module teacher might make some suggestions. The teacher considered that on occasions learners could feel that they are obligated by these suggestions which she did not intend to be the case. The learner quoted above was clearly undertaking a placement which was of her own choosing.

Summary

- There was no clinical assessment within this module.

- Learners were able to undertake two clinical placements of their own choice in the second term of the module. These placements allowed the learners to follow a particular area of interest and to meet their own educational needs.

Key issues in the management of flexible learning

- Learners choosing and arranging their own placements allows for increased flexibility. However there can be difficulties with the demands made upon particular clinical areas for learner placements. In addition, learners need support during clinical placement in order that their learning needs can be met. These issues have implications for the management of clinical placements.

Evaluation

The learners were given evaluation sheets as part of the learner handbook which accompanied the module. The learners evaluated the units within the module and this took place on completion of the unit.

> *"We asked them to grade the units in terms of relevancy and whether it's enjoyable and we have a scoring system. So they've got A's or B's; just tick and whether it's aims achieved, aims clear, too superficial, too complex etc. In terms of enjoyment we put A brilliant, B enjoyable, C neutral, D fairly boring and we've got A's and B's which is brilliant or enjoyable, which is nice to know. These are anonymous but after that we also have this diagnostic lecture questionnaire which I'm not too happy with. But it is interesting to see how many of them are quite creative with this. Some of them put coloured dots and put coloured ticks for which lecturer they're talking about. So they label them which is quite inventive. I'm not quite sure what we do with this. It actually is quite useful for our appraisal if someone has done that. It gives us a general view of how relationships with the students may be working. I'm not too sure whether we need that. I feel that it's quite useful but I'm not sure if I'm asking them to do something a bit personal really."* (Teacher)

Teachers also asked the learners to informally evaluate their sessions.

> *"Teachers might say, 'Just for my own feedback if you're happy, if you don't want to comment then don't. Did you find this beneficial or not and what else would you have liked?' It was done informally without any pressure."* (Learner 2)

Learners appreciated this approach as they felt it was in keeping with the principles of adult education as they understood them.

Summary

- Learners were asked to complete an evaluation sheet which asked questions relating to such issues as the relevance of a session and the level of teaching.

- Teachers asked learners to evaluate their sessions informally. The learners appreciated this opportunity because it conformed to the principles of adult education and the way they considered they should be treated as adult learners.

Key issues in the management of flexible learning

- Evaluating the flexibility available within a module/programme is essential for the improvement of quality of professional education. The learners valued being active participants in the evaluation process.

The impact of flexible modes of learning on educational experience and achievements

Three of the learners interviewed were mature women who had not undertaken any study for some period of time. The module helped them to return to 'academic study' but the learners talked of the difficulties they had experienced.

Learner 3 had been out of nursing and nurse education programmes for some time and the experiences described by this learner epitomised those of the other two mature learners interviewed. This learner had understood that the module was flexible prior to her application for a place but the term flexible learning to her had had little meaning.

> *"I didn't think it would be as flexible as it is. I had no concept that finding out about learning contracts would be so difficult. I wasn't alone, talking to the other learners I said to them, 'What is expected?' None of them were any wiser than me, none of them knew. If you're taught to write an essay you can actually be taught, you have an instructor; bla bla bla. What is a learning contract? What is it? What I did know was it wasn't something expected from a pre-reg students. Well what is it? What do they want? I'm still not convinced I know. Nobody said, 'Look this is what one is, follow that.' I had no idea it was as flexible as that and often I went home, 'Why am I doing this when what I need is structure after 10 years not floating around.' I've often thought, 'Is this the right place to start.' I think once I've finished, it will be. If I survive it will undoubtedly have done me far more good. I do feel there might have been an easier way, not necessarily better."*

This learner in company with the other two mature learners interviewed felt the need for a framework.

> *"There wasn't a framework in which I could grab hold of. I did find that. So I have learned what is expected of me. Only that I'm now, at this point of the course, when in June, it has to be presented, (essay) now I'm beginning to get to grips with it but I could have got to grips with it a month or two earlier, because then it would have given me longer. I'm starting writing it up now but it's fairly pressured and I don't think it was just me being fuzzy, I think it has taken this long to work out to think what it was, because it has been so flexible, so open. I definitely would have liked some framework. The thing was and as I say I come from a medical background/family and husband, if it hadn't have been the input from him and our friends I could've lost it. They, understood what I was doing and although they didn't tell me what to do it gave me encouragement that I could be on the right track although they know nothing about the course and they all think 'I'd hate to have something as flexible as that.' Definitely the positive thing was, I was given the time and the flexibility, to work round what I need. But the negative things undoubtedly is the lack of framework. Especially with the units, it's very easy perhaps it's a good way to teach but if you have to go off and do an essay on bla bla bla, you go off and do it but there was nothing really to hang on to. As I say, it's only now that I've sort of worked it all out and think well. Because having no mentor; having nowhere to go back to and discuss it with other people, other nurses, I felt I was floating around in a wilderness a bit."*

This learner was funding herself and was currently not working in the field of nursing. Perhaps her comments illustrate the extreme situation that learners can find themselves in when they undertake study independently. This learner did not have the support of either a trust or clinical colleagues because she was not working as a nurse. Freedom of choice had also been something which the learners found difficult. An example quoted by the teacher helped to illustrate the problems which the group as a whole was experiencing as a result of the freedom of choice.

> *"For example, last term I got almost irritated by the fact that they didn't know how to put the dividers in the folder. I seem to have been talking for two terms with diagrams on the board. But they didn't know whether to put the placements in with the taught units or taught units to be integrated with the placements. They couldn't tell the difference between looking at the units and the placements was. So I thought that was actually very useful because perhaps they see more integration than I do and they're coming from that integrated point of view. So what I said to them was, 'You do whatever you wish, so long as it's coherent and I can see what you've done. That is absolutely fine because it's yours not mine.' That threw them even more."*

Learners were offered help and support by the teaching staff and they considered that the module teacher was very approachable and committed to supporting them in any way she could. However the three mature learners were affected by their past experiences of nurse education. In the past, nurse teachers had been called sister tutors and this title suggested the authority exuded by the teachers and the respect which was expected from the learners. The relationship between learner and teacher had changed over the years but these learners still felt that they did not want to 'bother' the teacher. Even though one leaner commented that she would have like to ask her teacher to

> *'just tell me'.*

However Learner 3 could see the benefits of the change of approach in nurse education which included the introduction of flexible learning.

> *"If I survive this course and come out the other end and pass it, I will be much richer for it and, let's say, even if I don't pass it, even if I fail it, or for some reason I can't finish it, what I have learned, even before I write it up, about learning is far greater than if somebody told me what was expected of me. Because even if I get it wrong I have learned many things along the way. To look at things more globally, not to be so narrow and to actually work out for myself, what is important and what is irrelevant."*

The lecturer practitioner indicated that the flexibility in the choice of topics for assessment had enabled the learner who was a member of her staff to choose topics which were right for her, for her development and her needs. They were areas in which the learner needed to extend her knowledge as well as develop as a professional nurse. Whilst it appeared to the lecturer in clinical practice that this learner, learner 4 had gained a great deal from the module, the learner had been very new to the notion of being self-directed. The lecturer in clinical practice felt that she could have perhaps guided the learner a little more at the beginning of the module in order to ensure that the learner benefited fully from being able to manage her own learning.

Summary

- Three of the learners interviewed were mature women who had not experienced the teaching style employed in the module before. They found the approach taxing apparently because of the lack of a framework to their study. The freedom of choice was difficult for them to cope with and the experience was more trying than they had expected. The learners had to learn in a way which was new to them.

- Flexibility in the choice of content and assessment topic had allowed one learner to choose topics which met her development needs.

Key issues in the management of flexible learning

- Learners need to be educated about flexible learning in order to understand the potential benefits. For example, learners need help to understand the concept of the learning contract and to be supported through the initial process of making choices. As a result of this lack of understanding of the learning process, the learners here experienced problems because of their perceived lack of framework for their studies. Too much flexibility without adequate guidance can cause difficulties for the learner. The problems the learners may encounter with flexibility need to be foreseen by teachers and managers.

- Mentors in the work place can provide valuable support for learners.

The purpose of making learning more flexible

Two of the learners and the the teacher explained the purpose as they saw it of making learning more flexible.

> *"I think it makes you learn more. Undoubtedly I have learned out of the situation because it has been so flexible. I've really had to think for myself. I've really had to use every resource. My thinking time has been far more than if I had more framework because I take my framework and go off and do it and come back. Learning to think, being in total control"* (Learner 3)

> *"To improve the quality aspect. This week, what I've learned was the ideal environment as a conducive mode to learning. And I don't just mean physically in ITU I mean, the whole concept of two weeks leave to do this. That is improving the quality of my learning because I always give more time and thought to it. Whereas when I was doing evenings and mornings and everything you just get to be so knackered and your perspective on reality just changes because you do your full time job; you've got your own responsibilities at work which do take up extra time and you've got that. So it's all a bit worrying really."* (Learner 2)

> *"The availability, the access. My one concern about real flexibility is that is has to be very carefully organised and not left too much to the student. Its alright for some students who know what is out there and what to get. Self-direction is only as good as you know what is expected of you and you know what there is and if you're new and you only want to do a module because you want to learn something you actually need to be taught. It can be taught, delivered in very many different ways but my feeling is that a number of student flounder for half the time before they realise what they are*

> *meant to be getting out of the learning."* (Lecturer in clinical practice)

Flexible learning here was seen as enhancing access and offering a variety of learning modes, most of which centred around self-directed learning. Some learners found this self-directed learning difficult and 'floundered' for some time before they understood what they were suppose to achieve from the education programme. If learners understood what was expected of them in terms of self-directed learning, what it meant and how they undertook such learning, this process could be enjoyable for the learner. However in the experience of the lecturer in clinical practice, most of the learners did not understand self-directed learning, neither did they understand what was expected of them during such a process or indeed how to undertake the process itself. This meant that learners often lost a great deal of time struggling to understand what self-directed learning what all about. The result of this could be a great deal of trauma and stress for learners because time spent on trying to understand self-directed learning, meant less time could be spent on other aspects of the learning programme such as preparing a written assessment.

The aim of the school was to meet the needs of both the learners and the trusts. At the time of the case study the module was being reviewed and there were plans to 'split' the module in smaller units each of which would be CATS rated. As a result, the learners would be able to study these small units over a longer period of time. With such a system, the learner would still be able to accumulate CATS points, study the unit and complete the module over a time span which suited them. This would also meet the needs of the trust who were finding it difficult to release staff for study days, particularly if those study days were clustered together. In addition, the school aimed to devise a framework of continuing professional development which enabled qualified nurses to follow individual pathways which met their needs and lead to the qualification which the nurse wanted, for example, a diploma, degree, or higher degree.

Summary

- Flexible learning enhanced access but some learners found the self-directed learning difficult and were uncertain for some time before they understood what they were supposed to achieve from the education programme.

- The school saw flexible learning as a means of both meeting the needs of the learners and the trust.

Key issues in the management of flexible learning

- Dividing the module into smaller units would offer additional flexibility but CATS-rating these smaller units may prove problematic. The length of a unit would have to be sufficient to allow for the depth of learning which could be CATS-rated.

Management of flexible learning

Teachers in the school worked with considerable autonomy. Although this culture had existed in the school for some time, not all teachers found it easy to cope. Some had wanted more structure because they were unclear of the limits of the autonomy that they had been given. The education manager felt that in some instances there was autonomy without accountability and that although the autonomy-accountability balance varied between individuals across the whole of the school, there were teachers who did not appear to accept the accountability which accompanied the autonomy. There was the annual review process but here the education manager considered that it was not sufficiently robust and tended to cover up deficiencies and inadequacies of individuals rather than call them to account.

The teachers who taught on the module which was the focus of the study, appeared to share an understanding of flexible learning and the principles that underpined it. These teachers met frequently and talked through any problems which might arise in terms of differences of approach. This did not appear to be the case within the university as a whole where a variety of interpretations of flexible learning appeared to operate.

Training needs analyses had been carried out by some of the trusts and modules were resourced according to the predicted number of learners. However, creating an open framework which gave learners options created difficulties in rescouring and managing individual teachers' workloads as illustrated by this comment from the education manager.

> *"To give an example of yesterday, for the law and ethics module, when suddenly it escalated from five to 138 upwards, there was a scrabble round the corridors for finding staff who were able to input into the seminar group. But I would say that's fairly unusual, that large escalation and to put it in context, it's bound to happen while were in our high growth rate. It's less likely to happen if we settle down and consolidate and produce new courses that are within the system structure. We have more control on ourselves. But from the point of view of staffing at the moment, it is informal. We've done some workload monitoring. Eventually that will be put on a computer so people will be identified according to workload and skill to be able to assist those people. Because there is a view at the moment that some people are over worked and some people may be not working to their capacity."*

At the time of the data collection, the workloads of teaching staff were under review. The education manager explained that teachers had been given a questionnaire which basically covered the question "What are you doing?" The idea was to discover how much time a teacher was spending with learners or for example on administration and committee work. The university had set a teacher-learner contact time of approx 500 hours. There was an individual performance review system in place and workloads would be discussed as part of this process. However, there were no policies relating to staff workloads or staff employment/deployment in the context of delivering a flexible programme. There was however a committee within the school which was concerned with staff development as the education manager explained.

> *"We have a staffing committee of which I'm a member. The purpose of the committee was not only to support staff who needed to get up to the minimum academic level required to service courses but also to start looking at criteria that we would use for additional staff development. So we got as far as that and the idea within that was to protect people's workloads because we grew up in a culture in which teachers would be asked to take on additional course work without any attention being paid to their current workload. In addition to this, if teachers were undertaking educational study themselves there was retoric paid to the notion of them having study time. We'll give you a day off as long as you can manage five days work in four days! This has been perpetuated particularly through the change into higher education as everyone had to move to a different academic level. So the workings of the staffing committee have been trying to crack the idea of replacement staff for those current staff undertaking development programmes. We haven't sorted it out total yet because it's been very expensive of course when we start looking at release staff for development programmes and replacing them and the budget obviously is not big enough."*

Summary

- Teachers worked with considerable autonomy and control over their own work.

- Training needs analyses had been undertaken by some of the trusts and modules were resourced according to the predicted number of learners. However, creating an open framework which gave learners options did on occasions create difficulties.

- At the time of the data collection, the workloads of teaching staff were under review.

Key issues in the management of flexible learning

- Management of teacher autonomy is an issue. It is likely to become more difficult following incorporation of a college of nursing into an institute of higher education because arguably the culture of autonomy in higher education is greater. Flexibility which arises from teachers exercising their autonomy needs to be carefully managed.

- The education manager explained that offering learners choices meant that the number of learners in a module could escalate. In addition to the issue of the minimum numbers of enrolled learners before a module will run there is also an issue about the maximum numbers allowed onto each module. As illustrated here, there are management implications for not having a maximum number for learners accepted on a module.

Flexibility of curriculum content

Module teachers had to ensure that the outcomes for the modules were met. These outcomes were set out in the documentation used for validation of the module. Flexibility of content therefore operated within these parameters. There were guidelines set out by the university and those were that the content could not be changed by more the 25% each time the module was delivered. If a teacher wanted to change more than 25% of the module content from the last time the module was delivered, the changes had to be cleared by the modular management review committee and the faculty review group. Within the module the time spent on content could be significantly changed because there was no identified time for each topic area. Teachers met to discuss the topics and the approach to be taken (for example, the teaching and learning strategy) but it was acknowledged by the education manager that there were topic headings and teachers could use a lot of discretion in relation to the content even though they might have regular team meetings about how they put over the content. This did mean that if learners studying the same module were divided into groups for ease of teaching both groups may not cover identical material relating to a topic area.

Summary

- Flexibility of content operated within the framework of the learning outcomes for the module as set out in the validation documents.

Communication between school of health studies and the trusts

Communication between the school of health studies and the trusts was currently under review, however when asked about the relationship between school and trusts the education manager identified this as being a difficult area due the changes in the NHS.

> *"That's a difficult one. The trusts are becoming much more able to articulate what they need. They do more training analysis sessions particularly in the* (Trust) *and they send me copies of those. So at one level I get a feel straight away for what the sorts of things that*

> *they're getting coming out of their staff. What I find at the moment is their liaisons are not such and there's no problem with them but they are not built up sufficiently and our marketing strategy isn't built up sufficiently or, neither is the school strategy sorted out, that I can actually say, 'Right we can deliver this.' So I see our relationship with the trusts, and there are seven of them, that's the problem, all at different stages of development, as crucial to our future but I wouldn't want to rely on them. Now that's not a common view of the school. We've got a number of camps. The two predominant ones are; we must react; react to everything the trust wants us to deliver, and I would not sit in that camp. Because regardless, if we do that we're going to always be in a reactive mode. I think we need to diversify as well as try and feel the locals around. It's knowing how to do that and how to go about it which is a difficult thing. So I think the liaisons with the trusts are imperative but we'd be silly just to rely on them solely."* (Education manager)

In this area the trusts were becoming more conscious of the power which accompanied their role as a purchaser of education. In addition to this the trusts were also becoming more aware of what they wanted from the school through the development of needs analysis assessments of their own staff. This meant that trusts were now often informing the school that they required an education programme on such and such and the school was expected to respond. In its simplest terms as portrayed here this is often the interpretation of the phrase, 'meeting the needs of the trusts'. Such a situation has resource implications for a school of health or college of health studies and means that the education institution may constantly be in reactive mode simply, responding to the demands of the trusts. The value of such a position was currently being questioned by the school. Ideally it was considered that the education programmes provided should result from a dialogue between clinical staff, trust and educators but in the majority of instances this dialogue appeared to be incomplete or absent.

The lecturer in clinical practice was in a prime position to receive comments from the trust. Overall, she felt that the school was meeting the needs of the trust as far as this particular module was concerned. In general, communication between the school and the trusts was considered to be good. There was

> *"a good rapport"*

between the head of the school and the senior nurses in the trusts.

Summary

- Trusts were becoming more aware of what they wanted from the school through the development of needs analysis assessments.

- Meeting the needs of the trusts was perceived as potentially creating a situation in which the school became reactive in their requests for education provision. The value of such a position was currently being questioned by the school.

- Overall the communication between the school and the trusts was good and the head of school had created an environment in which a good rapport with senior nurses in the trusts existed.

Case Study 9

Introduction and background

During the whole of the research project it proved difficult to obtain the views of health visitors who were studying flexible modules/programmes. This was due to a number of reasons firstly, the questionnaire data obtained from providers of continuing professional education had not identified flexible modules or programmes designed specifically for health visitors. Secondly programmes which might have been accessed by health visitors, at the time of the case studies, did not have any health visitors studying the programme. This very brief study then was aimed at obtaining the views of health visitors, undertaking continuing professional development.

This study was undertaken in October 1995 in a college of higher education. Whilst there was no school or faculty of health studies within the college, the college offered a number of modular programmes which were relevant to health care workers. One such programme an MSc in Health Promotion is the focus of this study.

Details of the programme

The programme was modular and could be studied on a full or part-time basis. The programme was divided into three stages: Stages 1, 2 and 3. Learners studying the programme full-time on a 'fast track' principle, undertook Stage 1 and 2 in the first year and Stage 3 in the second year. Learners studying the programme on a part-time basis usually took a year to study each stage. However, all modules were 'stand alone' modules and this facility provided the learner with the option of accessing the modules over a number of years. Currently the college set no maximum time limit for the acquisition of the award. Stage 1 comprised five modules all of which were compulsory, Stage 2 comprised one core module and four elective modules. The elective modules were chosen from a list of six modules. During the whole of Stage 3 learners undertook work for their dissertations.

Collection of data

Data were collected from three individuals.

Teacher - at the time of the study this teacher was acting as programme director. She was also a module leader for Stage 1 and 2 of the programme and also supervised dissertations in Stage 3 of the programme.

Learner 1- a health visitor who was part of an HIV and sexual health team. Her role in this team was varied but her main roles was as a clinical nurse specialist.

Learner 2 - a health visitor working in a health centre in a semi-rural location.

The following dimensions of flexibility were explored.

- entry requirements
- starting dates
- payment for module/programme
- mode of attendance
- content of module/programme
- access to teacher guidance
- pace of progression through the module/programme
- method of summative assessment

Access and provision

There was no formal specific requirements for entry to the programme; each candidate was assessed on his or her own merit. Previous experience appeared as important as educational qualifications and learners undertaking the programme came from a variety of backgrounds. Some came directly from degree programmes, some had nursing or teaching backgrounds. Not all learners were graduates and very exceptionally a candidate might be accepted who had no formal qualifications at all. When a candidate applied to the college for a place on the programme they were invited to attend for an interview which one learner described as:

> *"a semi-formal meeting with three or four of us."*

At this meeting candidates were encouraged to talk in general terms about their views on health promotion and to ask any questions related to concerns they might have about the programme. The starting dates for the programme were linked to the college's academic year but both learners had anticipated this and had found it not to be a problem.

Both learners were funding themselves, although the college however offered various methods of payment.

> *"They were extremely flexible. Instalments tend to be on account. You could break it down if you wanted through the term time basis, that was the way I chose to operate the system. The finance department don't send letters threatening you with court which is important I think. It is important that they don't harass you but are polite, they gave you fair notice. I've got no complaints."*
> (Learner 1)

This learner had previously had experience of a finance department in another institution sending a letter which had threatened court action because payment was late although the fees were being paid by the learner's trust. Learner 2 indicated that the ability to pay fees by instalments have been crucial in enabling her to undertake the programme.

> *"I wouldn't have been able to do it* (the course) *otherwise because I had to continue working full time to fund the course. I was sort of locked into this circle really and in fact there were people on the course that had chosen to opt out of their professional role to do the course. It is quite intensive in its own way and there is the opportunity to run 2 levels concurrently stages 1 and 2 and indeed a lot of people did that. So they really did have to make the option available to pay in instalments because there were a considerable number of people that were actually funding themselves. But it was difficult. I did try to obtain funding from the health authority but it was actually seen as a course that I did not need to do the job. Therefore it was a complement to the job which essentially is true, I could function as a health visitor without it. But at that stage there was not any insight into academic development outside of the college of health."*

It is interesting to note here that the difficulties faced by a learner seeking to pursue funding for a programme of professional development the benefits of which were now recognised by her employers. This difficulty went further than the problems of funding the course as this learner went on to indicate:

> *"I had to keep a low profile doing the course and if it was stressful, then I had to get on with it."*

Additional stress can be placed on learners when they are given no support at all by their health authority and manager.

Learners were expected to attend 80% of the programme each year although this was apparently not made clear to all learners as Learner 1 indicated.

> *"There was a certain vagueness about attendance but I don't know if it was deliberately vague but here was the opportunity to miss sessions. Obviously, if you were ill or if you had a clinic or commitment that couldn't be managed any other way then certainly that was not a problem. I never had a problem. Some people who habitually none attended did have problems and I'm sure there is a percentage of days that you have to attend in order to receive the qualification but I've never been at the stage where it's been a problem."* (Learner 1)

Attendance became an issue for Learner 2 as she was using her own time for study days and she was keen to ensure that this time was used to the best possible advantage.

> *"Some of us chose to opt out of certain things and that became a problem for the institution. And because a small percentage of us were using our own time to be there for that day, personally, I was using a day of annual leave, it became a problem because that was precious time. It was appropriate for me to obviously complete module assessments but to actually commit my time for that whole day that was not always appropriate."*

Summary

- There were no formal entry requirements for the programme. Candidates' professional experience was an important factor in gaining admission to the programme.

- The starting dates of the programme were linked to the college academic year.

- Both learners interviewed were funding themselves. There were a number of methods available for payment of fees and one learner in particular indicated that without this flexibility she would not have been able to study the programme.

- Learners were expected to attend 80% of the programme each year. This could result in conflict if a learner was using her/his own time for study days.

Key issues in the management of flexible learning

- Colleges may require learners to attend for a certain amount of the programme but if sessions do not meet learners' needs then they will be reluctant to attend and probably will not attend. Enforcing attendance is very difficult and cuts across an important purpose for flexible learning that of promoting learner self-directedness and autonomy. The issue of attendance becomes greater when learners are using their own time for study days.

- Additional stress can be placed on learners when they are given no support at all by their health authority and manager.

Areas of good practice in the management of flexible learning

- The college valued the professional experience of potential learners when considering whether to offer them a place on the programme.

- Providing flexibility in the method of payment of fees is important to learners. Additional stress can be created for learners by finance departments which are over-zealous in the collection of programme fees. There were indications here to suggest that this problem is recognised by this college. Also the way in which payment for the fees was requested was appropriate to the purposes of flexible learning.

Teaching and learning

Whilst learners' experience was taken into account when offering places on the programme, there was currently no facility for accreditation of a learner's previous learning.

> *"There isn't at the moment but there will be very soon. You might know that we have this new initiative to develop health care management degrees and there is going to be an AP(E)L initiative attached to that. Therefore the students on this course will be able to access this. We will have the AP(E)L system set up and we just had a new appointment in the faculty, Dean of Continuing Vocational Education and he is in charge of all that. Now we'll have an AP(E)L scheme which I think is from January. That is one of the criticisms we've had about the course that there is no AP(E)L scheme. A lot of people felt they had things to offer that we couldn't credit them and that will make a big difference."* (Teacher)

Having to follow all of the programme had resulted in some difficulties, for example for Learner 2, both on a personal and professional level. She described an incident that had occurred during a session in which she was assessed whilst teaching a group of adults.

> *"I think from the fact that had I been not in practice too long and not knowing my case load as I did, had I been asked to go and teach or go and facilitate a completely different session in an area that I didn't know that would have been probably not so intimidating. But it was the fact that the group were a group that had known me as the health visitor for a length of time and afterwards questioned why I needed to do this. I thought that bit was very difficult and obviously the chap was in the group assessing me and that was difficult for the group to get to grips with. But it was very much I felt I was going through the motions of this and didn't really get a great deal from it and I did actually say that afterwards. But because the group, the actual initial group, we were all going in at different levels, this was their reasoning for putting us through this they had to establish that we were all at this certain level within that first year which is very difficult. I see their point but perhaps there should be some kind of more stringent entrance requirements."*

The content for Stage 1 was set but whilst there appeared to be no flexibility in the content of Stage 1, one learner commented that the flexibility came with the application of the theoretical understandings acquired during the course to the individual's own clinical practice. Stage 2 became more flexible because the learners were able to choose which modules they studied from a range of modules. In addition, some module teachers did allow negotiation of content although the scope for negotiation was limited.

There was an established teacher guidance/support system as the teacher explained.

> *"We all give out our home telephone numbers. They (the learners) are able to contact us whenever. And we do support them because in stage 1 of the course we have professional practice sessions in which a tutor actually goes and assesses their professional practice and we do travel around the country and go and see them."*

Both learners commented that the teacher guidance had been good and had met their needs

Learners could study the programme on either a full-time or part-time basis. It was possible to 'fast track' through the programme and complete it within two years or alternatively learners could choose to study modules when they wished over a period of years. Currently the college did not place a time limit on completion of the whole programme. In this sense learners were able to choose their own pace of progress through the programme.

Summary

- Currently learners were not able to gain credit for prior learning.

- The content of Stage 1 of the programme was fixed but learners were able to choose the modules which they studied in Stage 2 of the programme. In addition to flexibility in choice, some of the module teachers did allow learners to negotiate the content of the module, although this negotiation was limited.

- There was a well-established teacher guidance system for the learners.

- Learners could study the programme on a full- or part-time basis. In addition, learners could choose to study individual modules and could take a number of years to complete the programme.

Key issues in the management of flexible learning

- The recognition of prior experience and learning is important in the management of the teaching and learning on a programme and it plays an important part in the negotiation of activities which might take place in any session. Failure to negotiate can create a barrier to learning and, as in this case may create conflicts of a professional nature.

Areas of good practice in the management of flexible learning

The learners were given a high level of access to the teachers both in terms of when they could make contact with the teachers and the nature of those contacts.

Assessment

Assessment of theory

There was some flexibility in the assessment process as the teacher explained.

> *"Stage 1 I would say the assessment is very prescriptive. In Stage 2 at diploma level there tends to be more flexibility. Certain categories they have to fulfil within an assignment but what they write that assignment on is not prescribed. It could be a number of topics. They choose from a large area and they choose what interest them. They call it their own which might be work related might be*

> *something that's of particular interest to them so they negotiate topics within a broad framework."*

Submission dates were set for all assignments. However, if a learners were experiencing problems due to their clinical work load for example then more time could be given the learner to complete the assignment. The teacher stressed that this leeway amounted only to *"a few weeks"* as the college was conscious that all learners should be treated as fairly as possible.

In Stage 3 of the programme the learners had to produce a dissertation. This piece of work in particular allowed learners to follow an area of interest to them which usually related to their clinical work.

> *" great flexibility in respect of the topic areas. There are criteria for writing a dissertation which we had been presented with and we had an initial meeting to discuss our initial review system with the course supervisor and she took pains really to ensure that people are actually given some appropriate direction of study. Again my dissertation proposal is very much linked to my work."*

Learner 2 had experienced some difficulties concerning the topic area for her dissertation.

> *"We had to produce a proposal this time last year and it had to be accepted. There was a bit of concern initially because it was quite a specialised area and it was important obviously that there were tutors there that would be able to assess it and have knowledge of it. So it wasn't particularly easy at the beginning. It was accepted eventually but I had a problem with my supervisor in that she had to leave unexpectedly and so I had to set up with a new supervisor. But that obviously could have happened at anywhere at any time. It was just pure bad luck. But it was very easy to actually pick up where I left off because that supervisor had particular knowledge related to the topic and I got a great deal of support from her."*

Summary

- Learners were able to choose the topic areas for the written assessments. This meant that learners could explore topics of interest to them which usually related to their clinical practice.

Key issues in the management of flexible learning

- Allowing learners to choose topic areas for assessments can have implications for the management of resources. Teachers need to have the necessary knowledge and expertise in the topic area chosen by the learner in order to be able to provide teacher guidance.

Areas of good practice in the assessment of theory

Giving learners the opportunity to choose their assessment topics meant that learners could explore topics of interest to them and these topics usually related to their clinical practice.

Assessment of practice

There was no assessment of practice as such during this programme, however learners did undertake a placement and were required to complete a major assignment associated with that placement. This occurred during Stage 2 of the programme and meant that each study day, for a term, learners would go to their placement rather than attend college.

> *" They (the learners) are encouraged to think of where they want to be placed; they're encouraged to come up with their own ideas. We give them suggestions but usually they've got some idea of where they would like to work. We encourage them to work in a placement which is very dissimilar from their own work place and to get much more experience of health promotion. Once they have decided we encourage them to make contact themselves but we do offer help and assistance. A lot of the times they need back up phone calls or back up letters justifying them, making sure everything is OK. We do have very close contact with (Town 2) health promotion unit and they tend to take quite a lot of our students. We can always guarantee some of the placements. Before they actually go out into placement they have a pre-placement meeting, which will be at the end of the first term, in which they're given a brief of what they need to be looking for in the placement and what they need to get out. They have to write up quite a considerable piece of work on what they did in placement; what they gained and they might have to give a seminar on it as well. So they're given a sort of pre-placement talk. Then half way through the placement term they come into college for a review session; 'How's it's going?', 'What can change?' This sort of thing. Then by the end of the placement that's when they have to write up their major piece of work."* (Teacher)

The learners interviewed had had different experiences and had different opinions of the value of this element of the programme.

> *"It was to allow people to have some sort of practical contact or experience. Again my gut feeling was, this is fine but should it be at this level now, on this type of course. I just felt that possible it was a waste of a term at that level basically. It didn't feel it was particularly appropriate. It felt like having something you had to do and for me that isn't enough. I think the majority did enjoy it but I think it probably indicates again the sort of schism there was within the group."* (Learner 1)

Learner 2 had a different experience.

> *"Well initially the actual place that I had hoped to go to was actually inappropriate and so I actually had to find somewhere else. That was very difficult and also my not being able to discuss any of this with my manager, my health manager, it was very concerning. But I did get some support from the tutors and I think I wasn't alone in this. So I also had peer support. But it was very time consuming and it was very stressful. Indeed, I had to change direction half way through the initiative because I actually chose quite a challenging placement. I actually went to (*name of organisation*) initially and then moved into the (*name of organisation*) and worked between the two. I was looking at mental health and homelessness. So it was a challenging topic in itself. So without the support, yes. But the bonus was because I wasn't seconded by the health authority or supported in terms of time I was actually able to choose my own aims and objectives. So there was a certain amount of fulfilment in that."*

It was clear form the views expressed that meeting individual learners' needs in the practice placement element of the programme can be difficult. Also giving the placement a purpose was important. Requiring the learners to arrange their own placements can present learners with difficulties.

Summary

- There was no assessment of practice as such during this programme although learners were required to complete a major assignment which related to the placement.

- Learners spent a term in a placement. The nature and location of this placement was chosen by the learner. The learners interviewed had different views on the value of the placement.

Key issues in the management of flexible learning

- It is important that the process of allowing learners to choose their own placements is managed effectively. Difficulties can arise as illustrated here and learners can find the process stressful. These difficulties can be exacerbated if the learner is not supported by his/her manager although the lack of support does not always disadvantage the learner. Because one of the learners was not financed by her health authority and was studying in her own time, she was able to set her own aims and learning outcomes for the placement experience.

Evaluation

The evaluation of the programme was not studied.

Section 11 - Review and discussion

Introduction

This section reviews and discusses some of the issues that have emerged from the study. It reviews the use of the term, the issue of the stakeholders in flexible learning, the improvement purpose of flexible learning, aspects of flexibility, the impact of flexible learning on the achievements and experiences of practitioners, some aspects of the impact of flexible learning on nurse education organisations and the complexity of the management task in flexible learning.

The use of the term 'flexible learning'?

One of the central concerns of the Project has been to understand the term flexible learning in use. The very limited explorations of the term in any educational setting but especially nursing as evidenced by the paucity of published literature typically see it overlapping with other 'modes' such as open learning (see for example, Kelly and Keely, 1992; Race 1994) or are so bland to be of limited assistance in elucidating its nature. For example Waterhouse (1990) equates flexible learning with *"good teaching and learning"* (p73) without explicating the nature of 'good'. In this project we have come to an understanding of flexible learning in post-registration nurse education as an approach and a process which attempts to improve educational quality specifically in relation to access, availability, self-direction of the learners, relevance, meeting learners' needs and meeting the needs of other stakeholders by adapting practice in a number of important dimensions which cover provision and access, teaching and learning, assessment and evaluation. As such flexible learning is not an end in itself - because adaptations and improvements will always be necessary. So in the data collected in this study, although the use the term 'increased flexibility' or 'increasing flexibility' usually meant responding to the learners' needs, the multiplicity of the needs of other stakeholders in flexible learning and the other purposes of flexible learning complicates the use of the term (see below).

Stakeholders in flexible learning

Flexible learning seeks to respond to the needs of individuals and agencies which have a stake in continuing professional development in post-registration nursing as well as the needs of the learners. In this way it contrasts with open learning where the central underpinning theme emphasises 'learner-centredness' and stresses learner choice and control. This emphasis is reflected in the many definitions of open learning where the key ideas include: minimising restrictions on students and using the widest range of teaching strategies (Coffee 1977), the learner exercising choice (Lewis and Spencer, 1986; Race, 1994), enabling people to learn at their own pace, place and time and minimising access (MSC, 1984); optimising learner control (Dixon, 1987; Clark and Robinson, 1994); providing people with a fair chance of success (Holt and Bonnici, 1988); improving access and optimising control (Hodgson, 1993); and openness in curriculum development and planning (Bligh, 1982). Thorpe and Grugeon (1987) view openness in terms of the effectiveness of the response to the learner's requirements and cite the Council for Educational Technology framework of response against headings which describe the educational process such as Who? How? When? and How is the learner doing? The focus on the learner in almost all of these definitions can be viewed as an attempt (probably laudable) to redress the balance of power between the learner and the teacher/institution and an assertion of the importance of student-centred approaches to learning. It can be argued these motivations, particularly the latter, have has led to a widely held but largely uncontested view that increased openness must be 'a good thing'. However it can also be argued that such a narrow view in professional education is too restricted. It became apparent at a relatively early stage in the Project's research that the learners and the teachers/providing institutions were not the only stakeholders in flexible learning. Employers - at both local and regional levels - are also key stakeholders and furthermore the range of other different groups and agencies that have a stake in flexibility complicates a consideration of the aims and purposes of flexibility in professional development in post-registration nurse education. Arguably, society in general, government, employers, accrediting institutions, colleges and providing institutions, teachers, students and patients/clients all potentially have a interest in the nature of nurse education and whether or not it is 'flexible' (see below). This complication gives rise to a number of issues.

The use of the term flexible learning. From our work with practitioners during the Project it was clear that flexible learning is generally considered in the profession to be 'a good thing'. Flexible learning was often seen as synonymous with 'good learning' echoing the view of Waterhouse (1990). Such perceptions are understandable since flexible learning as we have identified it and characterised it seeks to improve continuing professional development for post-registration nurses in a variety of ways which many nurse educators would value. It would be difficult to argue that efforts to improve professional education were not to be considered as 'good'. It is also apparent from the Project's work, again understandably so, that these improvements in education practice are centred on the individual post-registration nurse. However, because of the interests of different stakeholders, we would argue that equating flexible learning with good learning for the individual nurse is too simplistic. Although for a variety of reasons nurse educators might want to give individual nurse priority in their efforts to improve their practice, flexible learning and its effective management has to consider the needs of other stakeholders.

What is 'high quality' flexible learning? To judge a module/programme as 'high quality' as a result of its flexibility using interpretations of quality such as 'fitness for purpose' demands that the purpose is valued. Different individuals, groups or agencies will value the changes made in provision - in the name of flexibility - differently. For example, increasing flexibility by the provision of courses outside working hours may be valued by nurses who are ambitious to advance their careers and to employers who do not wish to pay for nurses to attend courses during working hours. Such provision may not be similarly viewed by the families of those nurses nor those who are responsible for teaching the courses. Flexibility in negotiating course content may be valued by nurses and their teachers but this view may not be shared by those with responsibility for the accreditation and validation of the course.

Flexibility brings both advantages and disadvantages. Changes in provision in any particular dimension of flexibility has both advantages and disadvantages to any stakeholder. For example, central government may value the increased uptake of professional development opportunities through increased flexibility but may baulk at the increase in resources required to manage flexibility effectively. Learners may value the self-directedness and autonomy that increased flexibility can offer but may not value the increased responsibility and effort the self-direction demands (the Project's case study data supports this assertion).

The 'nestedness' of the different stakeholders. To a certain extent, the different stakeholders are nested within each other. The scope for flexibility for the teacher is nested within the education manager's scope for flexibility which in turn is nested within the scope for flexibility given by the institution and the accrediting body. This nesting reflects flexibility at the practice or teaching and learning level, the management level and the policy level respectively. At the heart of the relationships is the accountability between the different levels which takes different forms, for example, contractual, moral and/or professional. Managing within these accountability relationships is important and can be challenging in those nurse education institutions in which nurse teachers have a high level of autonomy.

The pressures on stakeholders. Any particular stakeholder will be subject to dynamic pressures to increase or reduce flexibility. For example, a teacher may make herself available to learners outside normal working hours but a change in her family circumstances may prevent the level of access she intended. A college may find that because of changing resource constraints it is unable to offer a module/programme at the the number of locations initially planned. The dynamic nature of stakeholders' needs complicates the management of flexible learning.

The complexity of the stakeholder issue complicates considerably the management of flexible learning. Those responsible for managing flexible learning have to balance competing purposes, weigh the advantages and disadvantages that any change in provision might bring to the different stakeholders, have to understand the accountability relationships with the different stakeholders and have to cope with the dynamic and changing needs and requirements of the stakeholders. One way in which practitioners are managing this difficult task is to work with the different stakeholders - particularly learners and employers - in planning, providing, evaluating and improving post-registration educational opportunities. This collaboration would seem to be crucial for effective practice in the management of flexible learning but in itself is a challenging management task.

The improvement purpose of flexible learning

An important outcome of the Project's work is that flexible learning is not an end in itself but simply a term used for a set of activities designed to improve continuing professional education. As such flexible learning should be viewed as a process and an approach. What the Project has done in essence is to define the areas in which improvements can be made (the dimensions) and to identify the considerations that should be made and actions that could be taken (the performance indicators) if practice is to be improved. The dimensions cover access and availability, teaching and learning assessment and evaluation and practice can be varied within the dimensions to achieve the purposes defined by the Project. The case studies illustrate graphically education practitioners' attempts to improve provision. The research has however left relatively unexplored the way in which practitioners decide which aspects of provision to improve, why they choose to focus on some aspects of provision instead of others and what the process of change and the practice of change management is as nurse educators seek to improve their practice.

Aspects of flexibility

There a number of aspects of flexibility viewed as improving practice which have emerged during the Project which are worth drawing attention to at this stage.

The relevance of flexibility. Improvements in provision in any particular dimension of a module/programme will only be viewed as valuable by learners if it is relevant to them. For example, for a learner, being able to choose the starting date of a module may be irrelevant if the location at which it is offered is inaccessible. For the teachers, being able to negotiate the learning activities is of little relevance if they wish to negotiate the content.

Communicating flexibility. A course will not be deemed flexible by any stakeholder unless they are aware of its flexibility and comprehend the significance of that flexibility. For instance, a learner may not know about the choice of modules available and therefore consider the course to be inflexible. A teacher may not be aware of the different ways of paying for a module and be unable therefore to advise the student appropriately. The communication of flexibility emerged as an important issue in the management of flexibility.

Sufficiency of flexibility. A module/programme will not be deemed flexible by any particular stakeholder if, in any dimension, it is not sufficiently flexible. So, a programme may have some flexibility in a number of dimensions but not be sufficiently so in any of them to make a difference. For example, if a learner wishes to negotiate an assignment in an aspect of practice outside the range of those which are deemed acceptable, he/she may well view the module as inflexible.

Educational management in flexible learning

One important task of those who seek to improve provision by enhancing flexibility as defined here, is to educate to those who have an interest in flexible learning about its value and the benefits it can bring. Many aspects of flexible learning, for example, self-directed learning will be very different and new to learners whose previous experience has been of teacher-centred didactic teaching methods where they have been passive as learners. AP(E)L, how it works and the opportunities it presents may be very new to some learners and understanding it demands a new way of thinking - a transformation. Part of the effective management of flexible learning is not only to inform learners about these new ways and opportunities but is also to educate them in the new opportunities. The management of flexible learning should in itself be educational

Impact of flexible modes of learning on educational experience and achievements.

Research which evaluates the impact of continuing professional education on practice in the United Kingdom is surprisingly limited given the current emphasis on accountability and quality assurance (Barriball et al, 1992). Some evaluative work has been carried out in the United States but overall, research studies investigating the relationship between continuing professional education and enhanced clinical practice are inconclusive (Hutton, 1987)

Our work in this Project exploring the impact of flexible learning on the the educational experience and achievements of practitioners was undertaken in the case study phase. In all 28 learners were interviewed during the case studies and the data on the impact of flexible approaches on their experiences and achievements is described in some depth in the individual case study reports. Nurse managers were also interviewed in each case study to validate the learners' reports.The main themes are reiterated here.

When asked directly about the impact that flexible learning had had on both the learner's educational experience and achievements both learners and managers appeared to focus on the most tangible aspect of the modules/programmes. It is however quite likely that other aspects of the educational programmes were adapted to meet the learners' needs (a key purpose of flexible learning) in ways which would not be immediately apparent to the learner. The aspects cited as having impact included the option to negotiate both the topic area for the written assessment and the location and nature of the clinical placements enabling learners to choose a topic which had relevance to the work area and a clinical placement which would facilitate the development of relevant clinical skills. However overall analysis of the data revealed that flexibility related to access was often fundamental to the learners' option to consider undertaking a professional development programme of study. Flexibility in the following dimensions were identified by learners as enhancing access to the programme.

• ***The location of of the classroom-based sessions***
The opportunity to access the module/programme on a campus location which was either near to the learner's home or work, reduced the necessity of long distance travel.

• ***The scheduled times of the classroom-based sessions***
The opportunity to study outside of normal working hours, that is in the evenings or at weekends, enabled learners who were studying in their own time, to access the module/programme.

• ***Choice available to the learner***
Offering the learners a choice of modules within an award route pathway enabled the learners to tailor their study to their own professional development needs.

• ***Starting date of module/programme***
Negotiated starting dates of modules enabled learners to plan the start a new programme of study upon completion of their existing programme of study. It also enabled learners to begin the period of study at a time which was right for them in terms of their commitments outside work .

• ***Entry requirements***
AP(E)L as a means of demonstrating the correct entry requirements (or as a means of reducing the length of programme).

• ***Requirement to attend***
Negotiated requirement to attend an educational establishment for learning activities and negotiated starting and finishing times of study days allowed learners to accommodate child minding facilities with study days. Negotiated 'holidays' enabled learners to negotiate attendance during school holidays so they could be at home with their children.

- ***Finishing date of module/programme***

Negotiation of finishing dates of a module or in particular a programme enabled the learners to plan their study over a period of time which accommodated their family responsibilities.

- ***Payment for module/programme***

The ability to pay for a module or programme over a period of several months (for example by direct debit) enabled learners who would have found the payment of module fees in one lump sum difficult an opportunity for professional development.

In addition to the above ways in which flexible modes of learning impacted on educational experiences, there was also evidence of impact on practice as demonstrated by the way the learners undertaking flexible programmes were viewed by their colleagues in their clinical areas. These learners were often acknowledged as the experts on 'finding out' about nursing practices and specific topic areas because of the self-directed mode of study which often formed a part of the study element of the modules/programmes. Flexibility in some of the modules/programmes studied meant that learners were able to visit similar clinical areas to their own in other trusts and so set up an informal network for sharing ideas and developing practice.

The impact of flexible learning on nurse education organisations

The changes to nurse education institutions resulting from the changes in continuing professional development through flexible learning are worthy of consideration. From the data collected it was clear that the magnitude of the change as programmes were 'made more flexible' was considerable and had significant impact on the organisations. Flexible learning can have a number of consequences. For example:

- the modular nature of programmes and other features of flexible programmes can lead to a sense of fragmentation and lack of cohesion;

- teaching at a variety of locations and at a range of times (often outside normal working hours) can reduce the sense of organisational unity;

- placing the learners' needs and those of other stakeholders at the centre can lead to marginalisation of the needs of the educators and those of their organisation;

- the stress on teachers is likely to increase for example by making tutors available to learners outside normal working hours (say by allowing/encouraging telephone contact at home) and travelling to distant locations to teach;

- as AP(E)L becomes more widely accepted and understood, nurse education organisations could become more accreditors of prior experiential learning as opposed to providers of courses;

- there is no doubt that 'market forces' have been and continue to be an important influence on flexibility and that sudden exposure to these forces is likely to have a disrupting effect on nurse education organisations;

- flexible learning reinforces a view that the nursing knowledge that is held by practitioners is important and that they are the experts. As indicated in the Project application (see Section 2 of this report), the nature of nursing theory remains contested (James, 1993b; James and Clarke, 1994). Flexible learning upholds a view that nursing theory is not held by the members of an elite group of experts who would typically reside in institutions of nurse education. Within this view, practice and its development and the context of practice become central. This in itself could have significant impact on nurse education institutions but it could also change the role of the nurse educators in nurse education institutions and the basis of their status.

The impact on nurse education organisations of flexible learning and the influences bringing it about as illustrated by these examples has important implications for the effective management of flexible learning.

The complexity of the management task in flexible learning

It needs to be said that flexible learning, viewed as an approach to improving provision for a range of stakeholders massively complicates the task of management. The enormous number of performance indicators identified by this Project - 973 in all - for the effective management of flexible learning in testimony to the complexity of the management task. Those responsible must manage existing provision but must simultaneously improve it potentially in a variety of ways and for a variety of stakeholders in order to achieve a variety of purposes. They must manage the present and continually manage change. As a matter of course, managers of flexible learning must optimise the ways in which the purposes of flexible learning are to be achieved (in this process, the importance of evaluation - formative and summative and across all the dimensions - must be stressed). They must manage flexible provision in the knowledge that the aims of flexible learning cannot ever and probably should never be achieved - there is always room for improvement! The management of flexible learning demands a high level of expertise and, although there was much evidence of good practice in this study (as outlined in the case study reports in Section 10), there is clearly a need to share this good practice and to enhance the development of management expertise.

Section 12 - Summary and Conclusions

In summary, the main outcomes of the Project are as follows.

1. Questionnaire-based surveys of providers of post-registration nurse education and teachers on post-registration courses were used to gather interpretations of flexibility and to develop a data collection instrument for use in a further survey of providers. The main findings of this third survey of providers of post-registration nurse education - colleges of nursing, schools and faculties within higher education institutions, hospices and trusts was used to collect data on courses which providers were flexible. The main findings were as follows. In schools and colleges in higher education settings, provision in terms of when and where the module/programme was provided, starting and finishing times and requirements for entry, is relatively inflexible in contrast to other providers particularly colleges of nursing. There is most flexibility in the dimensions within teaching and learning where in particular there is flexibility in the content of the module and the modes of teaching and learning employed. The constraint on access as a result of a module/programme not running because insufficient participants have enrolled is a feature of all provision and must have important consequences for meeting individual needs. The complexity of flexible learning is considerable and its multi-dimensional nature exacerbates that complexity and blurs judgements about the overall flexibility of any particular module/programme.

2. The purpose of flexible learning was synthesised from theoretical considerations and empirical data. The overall purpose of flexible learning in post-registration nurse education is to improve educational quality. Specifically the purposes flexible learning are:

- to improve practitioners' access to professional development opportunities;

- to improve the availability of professional development opportunities;

- to encourage self-direction in professional development;

- to improve the relevance of professional education;

- to improve the way in which practitioners' individual professional development needs are met;

- to improve the way in which the needs of other stakeholders are met.

3. Flexible learning as improvements in practice is characterised by adaptations in the following dimensions to achieve the purposes described above.

PROVISION AND ACCESS
A. Planning the module/programme
B. Modularisation
C. Credit-rating
D. Choice available to the learner
D.1. Choice and recruitment
D.2. Choice and pre-conditions
D.3. Choice of module/programme
E. Starting date of the module/programme
F. Entry to the module/programme

F.1. Provision of information to potential learners
F.2. Entry requirements
F.3. Sponsorship
G. Modes of study available to the learner
H. Provision of the module/programme
H.1. Classroom-based sessions
H.1.1. Scheduled times of the classroom-based sessions
H.1.2. The starting and finishing times of classroom-based sessions
H.1.3. The location of the classroom-based sessions
H.2. The practice element of the module
H.2.1. The location of practice placement
H.2.2. Choice of practice placement
H.2.3. Constraints on use of practice placements as a result of quality controls.
I. Requirement to attend
J. Payment for attending/studying
K. Payment for module/programme
K.1. Source of payment
K.2. Method of payment
K.3. Time of payment
L. Finishing date of the module/programme

TEACHING AND LEARNING
M. Content of the module/programme
N. Teaching and learning activities
O. Resources for teaching and learning
O.1. The teacher as the resource for learning
O.2. The use of learning packages
P. Access to teacher guidance
P.1. Availability of teacher guidance
P.2. The nature of teacher-learner contact
Q. Pace of progression through the module/programme

ASSESSMENT
R. Assessment of theory
R.1. Pattern of assessment
R.2. Timing of assessment
R.3. Assessment task
R.4. Form of assessment evidence
R.5. Assessment criteria
S. Assessment of practice
S.1. Pattern of assessment
S.2. Timing of assessment
S.3. Method of assessment
S.4. Form of assessment evidence
S.5. Assessment criteria

EVALUATION
T. Evaluation

4. The effective management of flexible learning is very complex, potentially requiring continually improved practice in all the above dimensions to achieve the range of purposes described above. The core performance indicators for the dimensions of flexibility are as follows.

Pre-conditions

In respect of a dimension of flexibility:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of a dimension of flexibility:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of a dimension of flexibility:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

5. In general, flexible learning has a positive impact on the experiences and achievements of practitioners. Most notably, those dimensions of flexibility which met the learners needs in terms of provision and access had most impact. Important dimensions were: the location of the classroom-based sessions, the scheduled times of the classroom-based sessions, the choice available to the learner, the starting date of module/programme, entry requirements, the requirement to attend, the finishing date of module/programme and payment for module/programme. Other key aspects of flexibility which had most impact were concerned with being able to negotiate both the topic area for the written assessment and the location of clinical placements. In addition, there was evidence that flexible approaches impacted on the practitioner's ability to 'self-direct' their professional development. Some learners however found the process of self-directing the own development particularly challenging.

References

Adams, M (1991) Evaluation and educational performance: making sense of performance indicators in a managerial context. Journal of Further and Higher Education, Vol. 15, 13-16

Barribal, K L, While, A E and Norman I J (1992) Continuing professional education for qualified nurses: a review of the literature. Journal of Advanced Nursing, Vol. 17, 1129-1140

Berg, B L (1989) Qualitative Research Methods Allyn and Bacon, Massachusetts

Bligh, D (1982) Recommendations for learning. In: Bligh, D (ed) Professionalism and Flexibility in Learning. SRHE, Guildford

Bosworth, D P (1991) Open Learning. Cassell, London

Campbell, D T (1975) Degrees of freedom and the case study. Comparative Political Studies Vol. 8, 178-193

Cave, M, Hanney, S and Kogan, M (1991) The Use of Performance Indicators in Higher Education. Jessica Kingsley Publishers, London

Clark, E (1989) Hybrid courses in continuing professional development. In: Robinson, K M (ed) Open and Distance Learning for Nurses. Longman, London

Clark, E and Robinson, K M (1992) Good Practice in 0pen Learning. ENB, London

Clark, E and Robinson, K (1994) Open learning: the state of the art in nursing and midwifery. Nurse Education Today, Vol. 14, 257-263

Clarke, B A and James, C R (1995) The development of performance indicators for the effective management of flexible learning in post-registration nurse education. Paper presented to the 30th Annual Conference of the Association for Educational and Training Technology, Implementing Flexible Learning, 10th - 12th April 1995, University of Plymouth

Clarke, B A, James, C R and Kelly, J (1994) Reflective practice: broadening the scope. Paper presented to the Nursing Times Clinical Nurse Specialism Conference, Nottingham, May, 1994

CNAA (1991) PIs: Observations on their Use in the Assurance of Course Quality. CNAA, London

Coffee, J (1977) Open Learning for Mature Students. Council for Educational Technology, London

Cohen, L and Manion, L 1992) Research Methods in Education. Routledge, London

Cronbach, L J (1975) Beyond the two disciplines of scientific psychology. American Psychologist , Vol. 30, 116-127

CVCP/UGC (1986) Performance Indicators in Universities: A First Statement by a Joint CVCP/UGC Working Group, CVCP

Davies, C (1990) The Collapse of the Conventional Career. ENB, London

Denzin, N K and Lincoln, Y S (eds) (1994) Handbook of Qualitative Research. Sage, London

ENB (1990) Fact Sheet 1. What is Open Learning? National Project for the Development and Promotion of Open Learning. ENB, London

FEU (1983) Flexible Learning Opportunities. DES, London

Glaser, B and Strauss, A (1967) The Discovery of Grounded Theory: Strategies in Qualitative Research. Aldine, Chicago

Harris, D and Bell, C (1986) Evaluating and Assessing for Learning. Kogan Page, London

Hodgson, B (1993) Key Terms and Issues in Open and Distance Learning

Holt, D and Bonnici, J (1988) Learning to manage through open learning: a case study in international collaboration. Programmed Learning and Educational Technology, Vol. 25, No. 3, 245-257

Hopkins, D (1992) Evaluation for School Development. Open University Press, Milton Keynes

Hopkins, D and Leask, M (1988) Performance indicators and school development. School Organisation, Vol. 9, No. 1, 3-17

Hutchinson, S A (1988) Education and grounded theory. In: Sherman, R S and Webb, R B (eds) Qualitative Methods in Education: Focus and Methods. Falmer, London

Hutton C A (1987) Impact of mandatory continuing education: a review of research on nurses' attitudes and perceived outcomes. Journal of Continuing Education in Nursing, Vol. 18, No. 6, 209-213

James, C R (1993a) Professional knowledge: what do we know? Paper presented to the English National Board Conference - Professional Knowledge, London, September, 1993

James, C R (1993b) Developing reflective practice - the potential. Paper presented to the English National Board Conference - The Power of the Portfolio, Nottingham, November, 1993

James, C R and Clarke B A (1993) Beyond reflection to collaborative practice. Paper presented to the Fourth International Participative Conference, Nurse Education Tomorrow, Derby, September, 1993

Jarrett Report (1985) Report of the Steering Committee for Efficiency in Universities. Committee of Vice-Chancellors and Principals. London

Keegan, D (1986) The Foundations of Distance Education. Croom Helm, London

Keegan, D (1980) On defining distance education. Distance Education, Vol. 1, No. 1, 13-36

390

Kelly, J and Keely, P (1992) Flexible Learning in Post-registration Education. ENB, London

Knowles, M (1970) The Modern Practice of Adult Education: Pedagogy to Andragogy. Cambridge Book Company, Cambridge

Kolb, D (1984) Experiential Learning. Prentice Hall, New Jersey

Lewis, R and Spencer, D (1986) What is Open Learning? Open Learning Guide 4. CET, London

Madden, C A and Mitchell, V A (1993) Professions, Standards and Competence - A Survey of Continuing Education for the Professions. University of Bristol, Bristol

McManus, M and Lyne, P (1992) Mainstream or Margin? Open Learning in the Changing World of Nurse Education. ENB, London

McVicar, M (ed) (1990) Performance Indicators and Quality Control in Higher Education. Papers presented to an International Conference held at the Institute of Education (University of London) on 27th September, 1989. Porstsmouth Polytechnic, Portsmouth

Mezirow J (1981) A critical theory of adult learning and adult education. Adult Education, Vol. 32, No. 1, 3-24

Miles, M B and Huberman, A M (1985) Qualitative Data Analysis: a Sourcebook of Methods. Sage, London

Morris Report (1990) Performance Indicators: Report of a Committee of Enquiry chaired by Alfred Morris. PCFC, London

Race, P (1994) The Open Learning Handbook. Kogan Page, London

Robinson, K M (1989) Open learning: definitions and debates. In: Robinson, K M (ed) Open and Distance Learning for Nurses. Longman, London

Rogers, J, Maggs, C and Lawrence, J (1989) Distance Learning Materials for Continuing Professional Education for Qualified Nurses, Midwives and Health Visitors. Institute of Education, London

Rowntree, D (1992) Exploring Open and Distance Learning. Kogan Page, London

Schon, D A (1983) The Reflective Practitioner. Basic Books Inc, New York

Sherman, R S and Webb, R B (1988) Qualitative Methods in Education: Focus and Methods. Falmer, London

Sims, D and Stoney, S M (1990) Development of Performance Indicators and Evaluation Methodologies for Flexible Learning. NFER, Slough

Thomas, D (1995) Learning to be flexible. In: Thomas, D (ed) Flexible Learning Strategies in Further and Higher Education. Cassell, London

Thorpe, M (1993) Evaluating Open and Distance Learning. Longman, Harlow

UKCC (1992) Code of Professional Conduct. 3rd edition. UKCC, London

Warnock Report (1990) Teaching Quality: Report of the Committee of Enquiry, PCFC, London

Waterhouse, P (1990) Flexible Learning - an Outline. Network Educational Press, Bath

Yin, R K (1994) Case Study Research Design and Methods. Sage, London

Appendix A

Questionnaire 1

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project Funded by the English National Board
for Nursing, Midwifery and Health Visiting

Name of Education Establishment..

Name of contact person..

Telephone number...

Question 1

Please list below the **post-registration courses for nurses, midwives and health visitors** that will be offered by your establishment during the next 12 months.
Please include:

- all higher degree, degree and diploma courses;
- English National Board courses;
- CATS-rated courses and modules;
- other courses which have a duration of 60 hours of study or more.

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Please continue overleaf

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Question 2

Please put a tick alongside any course listed in Question 1 which you consider to use a flexible mode of learning.

Question 3

Please explain why you consider the courses you have ticked are flexible in the mode of learning they use.

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Please return this questionnaire by June 21st, 1994 to:

Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation.

Appendix B

Questionnaire 2

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project Funded by the English National Board for Nursing, Midwifery and Health Visiting.

Please complete the following statement.

A course could be described as using flexible modes of learning if it:-

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Please give examples of flexibility in teaching and learning in your own practice in post registration nurse education.

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Please return by September 5th 1994

Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation.

Appendix C

Questionnaire 3

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

About the questionnaire

The purpose of this questionnaire is to find out about the nature of flexible learning within post-registration nursing, midwifery and health visiting education.

The questionnaire consists of a number of descriptors of flexible modes of learning. You are asked to choose a module or course offered by your establishment which you consider to be flexible and then tick the descriptors of flexibility which you think apply to the module/course you have chosen.

How to complete the questionnaire

1. Choose one **module** offered by your establishment which you consider to be flexible. If your establishment does not have a modular programme, please choose one **course** which you consider to be flexible. Select only a module/course which fits one of these categories.
• higher degree, degree and diploma courses;
• English National Board courses;
• CATS-rated courses and modules;
• modules/courses which have a duration of 60 hours of study or more.

2. Complete page two of the questionnaire which asks for basic information about the module/course you have chosen.

3. Complete pages three and four of the questionnaire which are concerned with the accessibility and provision of the module/course. Tick all the descriptors that you think are relevant.

Here is an example.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	✓
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	
2. The institution offers this module/programme at more than one location	✓
Time of the module/programme	
1. The module/programme is offered outside normal working hours	✓
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	✓

There is space for you to give additional information if you wish to.

4. Complete page five in a similar way. This page is concerned with teaching and learning.

5. Now complete page six which is concerned with assessment.

6. On page seven indicate any other ways in which you consider the module/course you have chosen uses a flexible mode of learning.

Page

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THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project commissioned by the English National Board for Nursing, Midwifery and Health Visiting.

Dimensions of Flexibility Questionnaire

Name of education establishment/trust..

Name of contact person..

Telephone number..

Title of module/course..

Is this a module or course? Please indicate with a tick . Module ☐ Course ☐

If module, please indicate level..

Total number of hours of learning for module/course...

CATS-rating..

Is this module/course ENB approved? Please indicate with a tick. Yes ☐ No ☐

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision	
Provision of module/programme	
1. Module/programme only runs when a minimum number of students have enrolled	
2. No minimum number of students for the module/programme to run	
Location of module/programme	
1. The institution offers this module/programme at one location only	
2. The institution offers this module/programme at more than one location	
Time of the module/programme	
1. The module/programme is offered outside normal working hours	
2. The module/programme is offered outside of normal working hours, on weekday evenings only	
3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only	
4. The module/programme is offered outside normal working hours, on weekday evenings and weekends	
5. The timing of the module/programme is negotiable to meet the needs of the individual	
6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630	
Module/programme choice	
1. Module/programme the only option at a particular time	
2. Module/programme always offered as one of a choice of the same group of modules	
3. Module/programme offered as one of a choice of a different group of modules on each occasion	
Range of mode of study	
1. Learners can select any one of a wide range of modes of study	
2. Learners can select any one of a limited range of modes of study	
3. Learners are able to negotiate to use a mode of study of their choice	
4. Mode of study specified by the teacher, institution or external agency	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

Access and Provision Continued	
Starting date of module/programme	
1. One fixed point during the year	
2. Some choice for example two or more entry points during the year	
3. Entry at any time	
Entry requirements	
1. Specific qualifications and experience required	
2. Specific qualifications required	
3. Range of qualifications and experience accepted	
4. Evidence of learning from appropriate experience accepted (eg APEL)	
5. No entry requirements	
Mode of attendance	
1. No requirement to attend an educational establishment for module/ programme learning activities	
2. Negotiated requirement to attend an educational establishment for module/programme learning activities	
3. Requirement to attend an educational establishment for some module/ programme learning activities at a specified time	
4. Requirement to attend all module/programme learning activities at a specified time	
Finishing date of module/programme	
1. Fixed finishing date	
2. Negotiable finishing date	
3. Negotiable within a fixed time span	
Payment for module/programme	
1. Payment in full before the module/programme commences	
2. One payment in full at beginning of module/programme	
3. One payment in full at fixed point during the module/programme	
4. Payment by cheque or cash only	
5. Payment by credit card accepted	
6. Direct debit payment over several months	
7. Interest-free loan from local Hospital/HospitalTrust	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

Page

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

TEACHING AND LEARNING	
Content of the module/course	
1. Content specified by the teacher, institution or external agency	
2. Narrow choice of content	
3. Wide choice of content	
4. Content negotiated to meet learner's needs	
5. Exemption allowed for prior learning for all or part of the module/ course, for example APEL/APL	
Mode of teaching and learning	
1. Only activities such as lecturing, note-taking and reading prepared materials	
2. Activities as above with other activities such as discovery learning, and participatory exercises	
3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises	
4. Only discovery learning and participatory exercises	
Resources for teaching and learning	
1. Teacher/trainer sole resource	
2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area	
3. Teacher/trainer + other people such as specialists or peers	
4. Teacher/trainer + other resources and people	
5. Learning packages of print material sole resource	
6. Learning packages supplemented by tutorial and peer support	
7. Learning packages supplemented by texts	
8. Learning packages supplemented by, for example videos, CDs, computer software	
Access to tutorial support	
1. Tutorial support only available within time-tabled sessions	
2. Tutorial support available outside time-tabled sessions in person and at fixed times only	
3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone	
4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone	
5. Access to tutorial support restricted to working hours	
6. Tutorial support available outside working hours	
Pace of progression through the module/course	
1. Pace determined by the tutor	
2. Pace negotiated between the tutor and the student	
3. Pace determined by the student	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

ASSESSMENT	
Pattern of summative assessment of theory and submission dates	
1. Assessment at end of module/course only	
2. Assessment twice during the module/course with fixed submission dates	
3. Assessment twice during the module/course with negotiated submission dates	
4. Assessment more than twice during the module/course with fixed submission dates	
5. Assessment more than twice during the module/course with negotiated submission dates	
6. No assessment	
Method of summative assessment	
1. Unseen examination paper only	
2. Unseen examination paper and other written assessment evidence, specified by teacher	
3. Unseen paper and other written assessment evidence, negotiated by student and teacher	
4. No unseen paper, range of written assessment evidence, negotiated by student and teacher	
5. A range of assessment evidence specified by the teacher	
6. A range of assessment evidence negotiated by student and teacher	
Assessment of practice	
1. Same criteria for each student	
2. Criteria based on individual student's learning needs	
3. Criteria negotiated between student/teacher and assessor	
4. Criteria negotiated between student and teacher	
5. Module can be used to demonstrate competencies in a NVQ framework	

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

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Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:
Brenda Clarke
Research Officer
School of Education
University of Bath
Claverton Down
Bath BA2 7AY

Thank you for your co-operation

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Appendix D

Working Version of the Performance Indicators

THE FLEXIBILITY IN NURSE EDUCATION PROJECT

A Research Project Commissioned by the English National Board for Nursing, Midwifery and Health Visiting

Performance Indicators for the Effective Management of Flexible Learning in Post-registration Nurse Education

Working Version

November, 1994

A. Time of the module/programme.

This set of indicators is concerned with the management of the time at which the module/programme is offered.

The purpose of effective management in this area is to improve access to the module/programme by offering it at a time which meets learners' individual needs.

Input

In respect of the time of the module/programme:

A1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

A2. Is the time of the module/programme influenced by the needs of the customer?

A3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

A4. Have the implications of the additional resources required been considered?

A5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

A6. Do the module/programme documents indicate the parameters within which negotiation can take place?

A7. Is information about the timing of modules/programmes made available to the learner?

Process

In respect of the time of the module/programme:

A8. Is the effect on work patterns of members of staff monitored?

A9. During the module/programme, is there an analysis of the effective utilisation of resources?

A10 Is information for learners on any changes regularly and frequently updated?

A11. Are learners able to negotiate any variations?

A12. Is time available in the module/programme for the teacher and learner to negotiate choices?

Outcomes/outputs

In respect of the time of the module/programme:

A13. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

A14. Are the needs of the customer met?

A15. Are resources used effectively?

A16. Are negotiations successfully conducted within the parameters described in the module/programme documents?

A17. Are the learners' individual needs met?

B. The location of the module/programme.

This set of indicators is concerned with the management of the location at which the module /programme is offered.

The purpose of effective management in this area is to improve access to the module/programme by offering it at a location which meets learners' individual needs.

Input

In respect of the location of the module/programme:

B1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

B2. Is the location influenced by the needs of the customer?

B3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

B4. Have the implications of the additional resources required been considered?

B5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

B6. Do the module/programme documents indicate the parameters within which negotiation can take place?

B7. Is information about the timing of modules/programmes made available to the learner?

Process

In respect of the location of the module/programme:

B8. Is the effect on work patterns of members of staff monitored?

B9. During the module/programme, is there an analysis of the effective utilisation of resources?

B10. Is information for learners on any changes regularly and frequently updated?

B11. Are learners able to negotiate any variations?

B12. Is time available in the module/programme for the teacher and learner to negotiate choices?

Outcomes/outputs

In respect of the location of the module/programme:

B13. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

B14. Are the needs of the customer met?

B15. Are resources used effectively?

B16. Are negotiations successfully conducted within the parameters described in the module/programme documents?

B17. Are the learners' individual needs met?

C. Constraints on whether a module/programme will be available.

This set of indicators is concerned with the management of whether a module/programme will be available or whether there are constraints on the availability such as a requirement for a minimum enrolment of learners.

The purpose of effective management in this area is to provide relevant learning experiences and to maximise the access to the module/programme by ensuring that the module/programme is available.

Input

In respect of restrictions on provision of a module/programme by factors over which the student has no control:

C1. Is there a clear statement in all policy documents about minimising restrictions?

C2. Are restrictions on provision influenced by the customer?

C3. Have the implications of minimising restrictions on provision been considered in terms of the resources required?

C4. Has everyone involved in providing the module/programme been informed of restrictions on provision and the implications for flexibility?

C5. Do the module/programme documents indicate restrictions on provision?

C6. Is information about the restrictions on provision made available to the learner?

Process

In respect of restrictions on provision of a module/programme by factors over which the student has no control:

C6. During the module/programme is there an analysis of the effective utilisation of resources in terms of minimising restrictions on provision?

C7. Is information for learners on restrictions on provision regularly and frequently updated?

C8. Are learners able to negotiate any variations?

Outcomes/outputs

In respect of restrictions on provision of a module/programme by factors over which the student has no control:

C9. Do all those involved in providing the module/programme have a clearer understanding of the implications for flexibility of restrictions on provision?

C10. Have resources been used effectively in minimising restrictions on provision?

C11. Are negotiations about any restrictions on provision successfully conducted within the parameters described in the programme documents?

C12 Are the learners' individual needs met?

D. Range of choice of module/programme.

This set of indicators is concerned with the management of choices of modules/programmes.

The purpose of effective management in this area is to provide relevant learning experiences and to meet individual learning needs.

Input

In respect of the range of choice:

D1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

D2. Is the range of choice influenced by the needs of the customer?

D3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

D4. Have the implications of the additional resources required been considered?

D5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

D6. Do the module/programme documents indicate the parameters within which negotiation about the range of the choice of module/programme can take place?

D7. Is information about the range of choices made available to the learner?

D8. Does the design of the programme include an appropriate balance between core and option modules?

D9. Can learners select any one of a wide range of modules/programmes at different levels?

D10. Are learners offered guidance in their choice of modules/programmes?

Process

In respect of the range of choice:

D11. Is the effect on work patterns of members of staff monitored?

D12. During the module/programme, is there an analysis of the effective utilisation of resources?

D13. Is information for learners on any changes regularly and frequently updated?

D14. Are learners able to negotiate any variations?

D15. Is time available in the module/programme for the teacher and learner to negotiate choices?

D16. Is the range of choice reviewed?

D17. Are all college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?

D18. Is information for learners on any changes regularly and frequently updated?

D19. Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?

D20. Is there a staff development programme to enable staff to provide a greater range of choice?

Outcomes/outputs

In respect of the range of choice:

D21. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

D22. Are the needs of the customer met?

D23. Are resources used effectively?

D24. Are negotiations successfully conducted within the parameters described in the module/programme documents?

D25. Are the learners' individual needs met?

D26. Does information on the modules/programmes facilitate the choices made by the learners?

D27. By choosing appropriate modules, have the learners followed a coherent pathway?

D28. Are negotiations successfully conducted within the parameters described in the module/programme documents?

D29. How many learners study a further module?

D30. Are learners satisfied with the range of modules/programmes offered?

D31. Are learners satisfied with the guidance offered?

E. Range of modes of study available to the learner

This set of indicators is concerned with the management of the modes of study available to the learner.

The purpose of effective management in this area is to provide relevant learning experiences and to meet individual learning needs.

Input

In respect of the range of modes of study:

E1. Is there a clear statement in policy documents about the extent to which flexibility should underpin provision?

E2. Is the range of modes of study influenced by the needs of the customer?

E3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

E4. Have the implications of the additional resources required been considered?

E5. Do the module/programme documents indicate the parameters within which negotiation about the modes of study can take place?

E6. Is information about the range of modes of study made available to the learner?

E7. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

E8. Can learners select any one of a wide range of modes of study?

E9. Are learners offered guidance in their choice of modes of study?

Process

In respect of the range of modes of study:

E10. Is the effect on work patterns of members of staff monitored?

E11. During the module/programme, is there an analysis of the effective utilisation of resources?

E12. Is information for learners on any changes regularly and frequently updated?

E13. Are learners able to negotiate any variations?

E14. Is time available in the module/programme for the teacher and learner to negotiate choices?

E15. Is the range of modes of study reviewed?

E16. Are all college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?

E17. Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?

E18. Is there a staff development programme to enable staff to facilitate different modes of learning?

Outcomes/outputs

In respect of the range of modes of study:

E19. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

E20. Are the needs of the customer met?

E21. Are resources used effectively?

E22. Are negotiations successfully conducted within the parameters described in the module/programme documents?

E23. Are the learners' individual needs met?

E24. Does information on the modes of study available facilitate the choices made by the learners?

E25. Are negotiations successfully conducted within the parameters described in the module/programme documents?

E26. Are learners satisfied with the range of modes of study offered?

E27. Are learners satisfied with the guidance offered?

F. Range of starting/finishing dates of module/programme.

This set of indicators is concerned with the management of flexibility of the starting/finishing date of the module/programme.

The purpose of effective management in this area is to increase access and to meet individual needs.

Input

In respect of the range of starting/finishing dates:

F1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

F2. Is the range of starting/finishing dates influenced by the needs of the customer

F3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

F4. Have the implications of the additional resources required been considered?

F5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

F6. Do the module/programme documents indicate the parameters within which negotiation about the starting/finishing date can take place?

F7. Is information about the starting/finishing dates of the modules/programmes made available to the learners?

F8. Are administrative systems set up to allow more than one starting/finishing date?

F9. Is the relationship between the starting/finishing dates and seasonal factors and holidays considered?

F10. Is the relationship between the starting/finishing dates and semester and/or term times considered?

F11. Are courses designed so that learners are able to join at more than one point in the year?

F12. Do staff of the providing institution know the starting/finishing dates of modules/programmes in advance?

F13. Are opportunities made for learners, teachers and managers to agree starting/finishing dates?

F14. Do negotiation of starting/finishing date takes into account ENB regulations?

F15. Teachers and learners are aware of the parameters for the negotiation of starting/finishing dates?

Process

In respect of the range of starting/finishing dates:

F16. Is the effect on work patterns of members of staff monitored?

F17. During the module/programme, is there an analysis of the effective utilisation of resources?

F18. Is information for learners on any changes regularly and frequently updated?

F19. Are learners able to negotiate any variations?

F20. Is time available in the module/programme for the teacher and learner to negotiate choices?

F21. Can the finishing date be changed during the module/programme to meet the needs of the learner?

Outcomes/outputs

In respect of the range of starting/finishing dates:

F22. Do all those involved in providing the module/programme have a clearer understanding of the implication of flexibility?

F23. Are the needs of the customer met?

F24. Are resources used effectively?

F25. Are negotiations successfully conducted within the parameters described in the module/programme documents?

F26. Are the learners' individual needs met?

F27. Do the starting/finishing dates of modules enables learners to study further modules?

G. Range of requirements of entry to the module/programme.

This set of indicators is concerned with the management of requirements for entry to a module/programme

The purpose of effective management in this area is to facilitate access to the module/programme.

Input

In respect of the range of requirements of entry:

G1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

G2. Is the range of requirements of entry influenced by the needs of the customer?

G3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

G4. Have the implications of the additional resources required been considered?

G5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

G6. Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?

G7. Is information about the range of requirements of entry made available to the learner?

G8. Are there policies on equal opportunities with respect to entry to the module/programme?

G9. Is there a staff development programme in respect of the entry of learners to the module/programme?

G10. Is equality of opportunity monitored?

G11. Is there a policy on the use of AP(E)L as a way of meeting the entry requirements for the module/programme?

G12. Can AP(E)L be used to meet the entry requirements for the module/programme?

G13. Are entry requirements set at the minimum level?

G14. Is there an access programmes to facilitate entry to the module/programme?

G15.Can the requirements of entry to the module/programme be met in a variety of ways?

G16. Is guidance given to learners on how to meet the entry requirements?

Process

In respect of the range of requirements of entry:

G17. Is the effect on work patterns of members of staff monitored?

G18. During the module/programme, is there an analysis of the effective utilisation of resources?

G19. Is information for learners on any changes regularly and frequently updated?

G20. Are learners able to negotiate any variations?

G21. Is time available in the module/programme for the teacher and learner to negotiate choices?

G22. Does the content of the module/programme relate to the entry requirements?

Outcomes/outputs

In respect of the range of requirements of entry:

G23. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

G24. Are the needs of the customer met?

G25. Are resources used effectively?

G26. Are negotiations successfully conducted within the parameters described in the module/programme documents?

G27. Are the learners' individual needs met?

G28. Are staff development needs met in respect of learner entry to the module/programme?

G29. Do learners meet the requirements of entry to the module/programme in a variety of ways?

G30 Do pass-rates and completion rates indicate that learners are not disadvantaged as a result of meeting the entry requirements in different ways?

G31. Are learners satisfied with guidance on how to meet the entry requirements?

H. Requirement to attend sessions of the module/programme.

This set of indicators is concerned with the management of flexibility in respect of requirement to attend.

The purpose of effective management in this area is to facilitate access to educational opportunities.

Input

In respect of the requirement to attend sessions:

H1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

H2. Is the requirement to attend sessions influenced by the needs of the customer?

H3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

H4. Have the implications of the additional resources required been considered?

H5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

H6. Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?

H7. Is information about attendance made available to the learner?

H8. Does the requirement to attend take account of the distance from the study centre and social, economic and employment factors?

H9. Is staff availability and utilisation considered in relation to the learners' obligation to attend?

H10. Are the attendance needs of individual learners assessed?

H11 Is the requirement to attend negotiated?

H12. Are resources available to support a negotiated expectation of attendance?

H13. Are learners given acceptable notice of requirements to attend?

Process

In respect of the requirement to attend sessions:

H14. Is the effect on work patterns of members of staff monitored?

H15. During the module/programme, is there an analysis of the effective utilisation of resources?

H16. Is information for learners on any changes regularly and frequently updated?

H17. Are learners able to negotiate any variations?

H18. Is time available in the module/programme for the teacher and learner to negotiate choices?

H19. Is learner attendance monitored?

H20. Is there assistance for learners who are struggling to achieve minimum attendance?

Outcomes/outputs

In respect of the requirement to attend sessions:

H21. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

H22. Are the needs of the customer met?

H23. Are resources used effectively?

H24. Are negotiations successfully conducted within the parameters described in the module/programme documents?

H25. Are the learners' individual needs met?

H26. How many learners achieve the required attendance pattern?

H27. Are there differences in outcomes for learners who attend less often than others?

H28. Are individual attendance needs met?

I. Range of content of module/programme

This set of indicators is concerned with the management of the level of pre-specification of the module content and whether learners can negotiate the content of the module/programme or be exempt from part of it through, for example, AP(E)L.

The purpose of effective management in this area is to provide relevant learning experiences and to ensure that the content of the module/programme meets learners' individual needs.

Input

In respect of the content of the module/programme:

I1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

I2. Is the content of the module/programme influenced by the needs of the customer?

I3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

I4. Have the implications of the additional resources required been considered?

I5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

I6. Do the module/programme documents indicate the parameters within which negotiation about the content of the module/programme can take place?

I7. Is information about the content of modules/programmes made available to the learner?

I8. Is there is an AP(E)L policy?

I9. Is the content of the module/programme relevant to contemporary care practices?

I10. Have the customers been involved in the curriculum development of the module/programme?

I11. Are teachers available to guide the AP(E)L process?

Process

In respect of the content of the module/programme:

I12. Is the effect on work patterns of members of staff monitored?

I13. During the module/programme, is there an analysis of the effective utilisation of resources?

I14. Is information for learners on any changes regularly and frequently updated?

I15. Are learners able to negotiate any variations in the content?

I16. Is time available in the module/programme for the teacher and learner to negotiate choices?

I17. Is the AP(E)L scheme fully operational?

I18. Are teachers and learners aware of the parameters for the negotiation of the content of module/programme?

I19. Is the relevance of content evaluated during the module/programme?

I20. Are the needs of the learner met?

I21. Is the range of content negotiated by the learner documented?

I22. Is there a staff development programme which enables staff to facilitate a range of content?

Outcomes/outputs

In respect of the content of the module/programme:

I23. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

I24. Are the needs of the customer met?

I25. Are resources used effectively?

I26. Are negotiations successfully conducted within the parameters described in the module/programme documents?

I27. Are the learners' individual needs met?

I28. Can learners demonstrate achievement of learning outcomes?

I29. Are learners satisfied with the negotiation process?

J. Mode of teaching and learning

This set of indicators is concerned with the management of the range and kind of teaching and learning activities used.

The purpose of effective management in this area is to encourage self-directed learning, recognise the role of experience in learning, provide relevant learning experiences and meet learners' individual needs.

Input

In respect of the range and kind of teaching and learning activities used:

J1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

J2. Is the mode of teaching and learning influenced by the needs of the customer?

J3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

J4. Have the implications of the additional resources required been considered?

J5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

J6. Do the module/programme documents indicate the parameters within which negotiation about the kind of teaching and learning activities used the module/programme can take place?

J7. Is information about the kind of teaching and learning activities used during the modules/programmes made available to the learner?

J8. Is there an agreed strategy for assessing the learning styles of individual learners?

J9. Do teacher:learner ratios allow a variety of teaching and learning strategies to be used?

Process

In respect of the range and kind of teaching and learning activities used:

J10. Is the effect on work patterns of members of staff monitored?

J11. During the module/programme, is there an analysis of the effective utilisation of resources?

J12. Is information for learners on any changes regularly and frequently updated?

J13. Are learners able to negotiate any variations?

J14. Is time available in the module/programme for the teacher and learner to negotiate choices?

J15. Are teaching styles adapted to individual learning styles?

J16. Are learners enabled to identify their own preferred learning styles at the beginning of the module/programme?

J17. Is there an staff development programme to enable staff to facilitate different modes of learning?

Outcomes/outputs

In respect of the range and kind of teaching and learning activities used:

J18. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

J19. Are the needs of the customer met?

J20. Are resources used effectively?

J21. Are negotiations successfully conducted within the parameters described in the module/programme documents?

J22. Are the learners' individual needs met?

J23. Does the use of different learning styles throughout the module/programme enhance the learner's development ?

J24. Are the teaching methods effective and appropriate?

J25. Are learners able to achieve module outcomes in a variety of ways to suit their individual learning styles?

K. Resources for teaching and learning

This set of indicators is concerned with the management of the range of material resources that are provided for teaching and learning other than the teacher.

The purpose of effective management in this area is to encourage self-directed learning, provide relevant learning experiences and to meet learners' individual needs.

Input

In respect of the resources for teaching and learning:

K1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

K2. Are the resources for teaching and learning influenced by the needs of the customer?

K3. Have the implications of the additional resources required been considered?

K4. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

K5. Is information about the resources for teaching and learning used during the modules/programmes made available to the learner?

K6. Are library facilities accessible to all learners?

K7. Are the resources for teaching and learning adequate?

Process

In respect of the resources for teaching and learning:

K8. During the module/programme, is there an analysis of the effective utilisation of resources?

K9. Are there extended central services for example, library opening hours, postal library schemes, borrowing rights, inter-library loan schemes and access to Information Technology?

K10. Are learners made aware of their entitlement to facilities?

K11. Is there a wide range of resources available?

K12. Are learners satisfied with the range of resources available?

Outcomes/outputs

In respect of the resources for teaching and learning:

K13. Are the needs of the customer met?

K14. Are resources used effectively?

K15. Are the learners' individual needs met?

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L. Learner access to tutorial guidance

This set of indicators is concerned with the management of the nature and extent of tutorial guidance that the learners receive and the ability of the learners to influence the tutorial guidance they receive.

The purpose of effective management in this area is to provide access to teachers who will give appropriate guidance.

Input

In respect of the nature and extent of tutorial guidance:

L1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

L2. Is the nature and extent of tutorial guidance influenced by the needs of the customer?

L3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

L4. Have the implications of the additional resources required been considered?

L5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

L6. Do the module/programme documents indicate the parameters within which negotiation about the nature and extent of tutorial guidance during the module/programme can take place?

L7. Is information about the nature and extent of tutorial guidance during the modules/programmes made available to the learner?

L8. Do staff development strategies ensure that teachers understand the guidance needed by learners on a flexible learning programme?

L9. Is there an agreed system for learners to access tutorial guidance?

L10. Is entitlement of learners for guidance made clear in the module/programme documentation?

L11. Is there an adequate teacher:learner ratio allow guidance to be effective?

Process

In respect of the nature and extent of tutorial guidance:

2. Is the effect on work patterns of members of staff monitored?

3. During the module/programme, is there an analysis of the effective utilisation of resources?

L14. Is information for learners on any changes regularly and frequently updated?

L15. Are learners able to negotiate any variations?

L16. Is time available in the module/programme for the teacher and learner to negotiate choices?

L17. Is networking encouraged to promote peer support?

L18. Is time made available for tutorial guidance?

L19. Are learners allocated a personal teacher?

L20. Is face to face teacher guidance available?

L21. Are records kept of learners' progress including a record of guidance given?

L22. Is there sufficient tutorial guidance at the correct academic level?

L23. Is there a staff development programme to enable staff to facilitate different modes of learning?

Outcomes/outputs

In respect of the nature and extent of tutorial guidance:

L24. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

L25. Are the needs of the customer met?

L26. Are resources used effectively?

L27. Are negotiations successfully conducted within the parameters described in the module/programme documents?

L28. Are the learners' individual needs met?

L29. Is the agreed teacher:learner ratio is achievable?

L30. Are learners able to identify their personal teachers?

L31. Is tutorial guidance an effective resource for learners?

M. Pace of progression through the module/programme.

This set of indicators is principally concerned with the management of the pace of progression through the programme and who determines the pace of progression.

The purpose of effective management in this area is to meet learners' individual needs.

Input

In respect of the pace of progression:

M1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

M2. Is the pace of progression influenced by the needs of the customer?

M3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

M4. Have the implications of the additional resources required been considered?

M5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

M6. Do the module/programme documents indicate the parameters within which negotiation about the pace of progress through the module/programme can take place?

M7. Is information about the pace of progress through the modules/programmes made available to the learner?

M8. Are the maximum and minimum times for progression through the module/programme determined by professional/academic regulations?

M9. Do learners have access to institutional regulations on the maximum and minimum times for progression through the module/programme?

Process

In respect of the pace of progression:

M10. Is the effect on work patterns of members of staff monitored?

M11. During the module/programme, is there an analysis of the effective utilisation of resources?

M12. Is information for learners on any changes regularly and frequently updated?

M13. Are learners able to negotiate any variations?

M14. Is time available in the module/programme for the teacher and learner to negotiate choices?

M15. Is the curriculum sufficiently flexible to allow learners to determine the pace of progression?

M16. Is guidance available for learners progressing at a different pace?

M17. Do learners progress at different pace through the module/programme?

M18. Is the teacher able to cope with individualised programmes?

M19. Is pace of progression negotiated to meet learners' individual needs?

M20. Can learning and teaching strategies adjust to changes in the pace of progression?

M21. Are sufficient staff available to manage learners progressing at their own pace?

Outcomes/outputs

In respect of pace of progression:

M22. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

M23. Are the needs of the customer met?

M24. Are resources used effectively?

M25. Are negotiations successfully conducted within the parameters described in the module/programme documents?

M26. Are the learners' individual needs met?

M27. Is learner progression through the module/programme documented?

N. Pattern of assessment.

This set of indicators is concerned with the management of the pattern of assessment within the module/programme and the extent to which the learner can influence the assessment pattern.

The purpose of effective management in this area is to encourage self-directed learning, acknowledge the learner's readiness to learn and to meet the learners' individual needs.

Input

In respect of the pattern of assessments:

N1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

N2. Is the pattern of assessment influenced by the needs of the customer?

N3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

N4. Have the implications of the additional resources required been considered?

N5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

N6. Do the module/programme documents indicate the parameters within which negotiation about the pattern of assessment can take place?

N7. Is information about the pattern of assessment made available to the learner?

N8. Are there strategies in place which allow the assessment procedures within the institution to cope with flexibility of assessment?

N9. Are there staff development programmes to meet the needs of assessors of flexible learning?

N10. Are processes developed to enable flexibility in the pattern of assessment?

N11. Is there a strategy which enables equality of opportunity in the pattern of assessment?

N12. Do module/programme documents clearly state the number of attempts learners have at any particular assessment?

N13. Is the extent of flexibility in the pattern of assessment is explicitly stated in the module/programme document?

Process

In respect of the pattern of assessments:

N14. Is the effect on work patterns of members of staff monitored?

N15. Is information for learners on any changes regularly and frequently updated?

N16. Are learners able to negotiate any variations?

N17. Is time available in the module/programme for the teacher and learner to negotiate choices?

N18. Does negotiation about the pattern of assessments take place between learners and teachers?

Outcomes/outputs

In respect of the pattern of assessments:

N19. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

N20. Are the needs of the customer met?

N21. Are negotiations successfully conducted within the parameters described in the module/programme documents?

N22. Are the learners' individual needs met?

N23. Can the assessment procedures within the institution cope effectively with flexible patterns of assessments?

N24. Is the pattern of assessment monitored for examination boards?

N25. Is the pattern of assessment appropriate?

O. Nature of the assessment

This set of indicators is concerned with the management of the nature of the assessment of the module/programme and the options it is possible for the student to negotiate.

The purpose of effective management in this area is to encourage self-directed learning, provide relevant learning experiences and to meet learners' individual needs.

Input

In respect of the nature of the assessment:

O1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

O2. Is the nature of the assessment influenced by the needs of the customer?

O3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

O4. Have the implications of the additional resources required been considered?

O5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

O6. Do the module/programme documents indicate the parameters within which negotiation about the nature of the assessment can take place?

O7. Is information about the nature of the assessment made available to the learner?

O8. Are assessment criteria and guidelines available for learners at an appropriate time?

O9. Does module/programme planning allow for a range of assessments to be used?

O10. Are the different types of assessment comparable and appropriate?

Process

In respect of the nature of the assessment:

O11. Is the effect on work patterns of members of staff monitored?

O12. Is information for learners on any changes regularly and frequently updated?

O13. Are learners able to negotiate any variations?

O14. Is time available in the module/programme for th cher and learner to negotiate choices?

O15. Do learners receive adequate guidance during the assessment process?

O16. Is consistent guidance available for all learners w ing to negotiate the methods of assessment?

O17. Is the range of assessment methods subject to moderation?

O18. Is a range of assessment methods available for negotiation between teacher and learner?

O19. Are learners able to negotiate the type of evidence presented for assessment?

O20. Is time available in the programme for the teacher and learner to negotiate choice in assessment methods?

Outcomes/outputs

In respect of the nature of the assessment:

O21. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

O22. Are the needs of the customer met?

O23. Are negotiations successfully conducted within the parameters described in the module/programme documents?

O24. Are the learners' individual needs met?

O25. Have a variety of assessment methods have been negotiated?

O26. Are accurate records kept of the methods of assessment chosen?

O27. Is there compatibility in the pass rate between flexible and traditional assessment methods?

O28. Do learners negotiate the assessment method?

P. Assessment of practice

This set of indicators is concerned with the management of the method, timing and nature of the assessment of practice and the possible approaches which can be negotiated by the learner.

The purpose of effective management in this area is to recognise and acknowledge the role of experience in learning.

Input

In respect of the method, timing and nature of assessment of practice:

P1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

P2. Is the nature of assessment of practice influenced by the needs of the customer?

P3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

P4. Have the implications of the additional resources required been considered?

P5. Has everyone involved in providing the module/programme practice been informed of the extent to which flexibility should underpin provision?

P6. Do the module/programme documents indicate the parameters within which negotiation can take place?

P7. Is information about the nature of assessment of practice made available to the learner?

P8. Is assessment of practice acknowledged as an important component of the learning experience?

P9. Is there an identified relationship between the level of skills in the clinical area and the academic level of the module/programme?

P10. Are the criteria selected for assessment of practice appropriate for the module/programme?

P11. Is there a professional development programme to assist staff to prepare for and maintain their role in assessment of practice?

P12. Are there sufficient qualified staff for the role of assessors of clinical practice?

P13. Is there a strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?

P14. Have practice placement areas been audited for suitability?

P15. Are strategies employed to enable learners to negotiate practice outcomes at the appropriate level?

P16. Is time available during the placement for the learner and assessor to negotiate possible approaches to assessment?

P17. Is the documentation designed to enable the assessor to record and monitor progress and achievement?

Process

In respect of the nature of assessment of practice:

P18. Is the effect on work patterns of members of staff monitored?

P19. Is information for learners on any changes regularly and frequently updated?

P20. Are learners able to negotiate any variations?

P21. Is time available in the module/programme for the teacher and learner to negotiate choices?

P22. Is there an acceptable support structure available for assessors of practice?

P23. Are suitably qualified staff assessing the learners in the clinical area?

P24. Is there effective use of placement audit information to ensure a learning experience of appropriate quality?

P25. Is there acceptable guidance for learners in the clinical area?

P26. Is the learner's progress through a placement monitored?

P27. Are placement areas overloaded with learners seeking experience?

P28. Are there staff development programmes in operation to prepare and update assessors?

Outcome/outputs

In respect of the nature of assessment of practice:

P29. Do all those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

P30. Are the needs of the customer met?

P31. Are resources used effectively?

P32. Are negotiations successfully conducted within the parameters described in the module/programme documents?

P33. Are the learners' individual needs met?

P34. Are there staff development programmes in operation for preparing and updating assessors?

P35. Is the assessment process appropriate for the module/programme.

P36. Is there acceptable pass rate?

Q. Evaluation.

This set of indicators is concerned with the management of the evaluation of flexible learning.

The purpose of effective management is to improve practice in the management of flexible learning.

In respect of all the dimensions of flexible learning:

Q1. Is there a policy statement concerned with the evaluation of the extent to which flexibility should underpin provision?

Q2. Are the comments of customers sought as part of the evaluation?

Q3. Are employment policies and staff deployment which take account of the effects on staff of flexible provision evaluated?

Q4. Is the provision of resources for flexible learning evaluated?

Q5. Is the process of communicating information to everyone involved in providing the module /programme of the extent to which flexibility should underpin provision evaluated?

Q6. Are the parameters within which negotiation between teacher and learner takes place evaluated in respect of:
purpose;
guidlines;
making judgements?

Q7. Is the availability of information to the learner evaluated?

Q8. Is there an evaluation strategy which incorporates all characteristics of flexible learning?

Q9. Is the evaluation strategy able to cope with the flexible nature of the programme?

Q10. Is the evaluation format appropriate for flexible learning?

Q11. Is there an audit tool which effectively evaluates all performance indicators

Appendix E

Interview Schedules for Case Study Data Collection

Interview Schedule - Education Manager

Timing of the module/programme.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain photo-copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

The location of the module/programme.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain photocopy.

Do the module/programme documents indicate the parameters within which negotiation can take place?
•If so obtain photocopy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Have the implications of the additional resources required been considered?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

Constraints on whether a module/programme will be available.

Is there a clear statement in all policy documents about minimising restrictions?
•If so obtain a photocopy

Do the module/programme documents indicate restrictions on provision?
•If so obtain a photocopy.

During the module/programme is there an analysis of the effective utilisation of resources in terms of minimising restrictions on provision?
•If so can you give me an example?

Range of choice of module/programme.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the range of the choice of module/programme can take place?
•If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Is there a staff development programme to enable staff to provide a greater range of choice?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

How many learners study a further module?

Range of modes of study available to the learner

Is there a clear statement in policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the modes of study can take place?
•If so obtain a copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Is there a staff development programme to enable staff to facilitate different modes of learning?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

Range of starting/finishing dates of module/programme.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the starting/finishing date can take place?
•If so obtain a copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Are administrative systems set up to allow more than one starting/finishing date?
•If so can you give me an example?

Is the relationship between the starting/finishing dates and seasonal factors and holidays considered?
•If so can you give me an example?

Is the relationship between the starting/finishing dates and semester and/or term times considered?
•If so can you give me an example?

Is it possible for learners to join at more than one point in the year?

Does negotiation of starting/finishing dates takes into account ENB regulations?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

Range of requirements of entry to the module/programme.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?
•If so obtain a copy

Are there policies on equal opportunities with respect to entry to the module/programme?
•if so obtain a copy

Is there a policy on the use of AP(E)L as a way of meeting the entry requirements for the module/programme?
•if so obtain a copy?

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is there a staff development programme in respect of the entry of learners to the module/programme?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Is equality of opportunity monitored?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

Requirement to attend sessions of the module/programme.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?
•If so obtain a copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

Range of content of module/programme

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Is the content of the module/programme influenced by the needs of the customer?
•If so can you give me an example?

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Have the implications of the additional resources required been considered?
•If so can you give me an example?

Do the module/programme documents indicate the parameters within which negotiation about the content of the module/programme can take place?
•If so obtain a copy

Is there is an AP(E)L policy?

Have the customers been involved in the curriculum development of the module/programme?
•If so can you give me an example

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example

During the module/programme, is there an analysis of the effective utilisation of resources?

Is there a staff development programme which enables staff to facilitate a range of content?

Mode of teaching and learning

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the kinds of teaching and learning activities can take place?
•If so obtain a copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you you give me an example?

Do teacher:learner ratios allow a variety of teaching and learning strategies to be used?

Is there a staff development programme to enable staff to facilitate different modes of learning?
•If so can you give me an example?

Is there an agreed strategy for assessing the learning styles of individual learners?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

Resources for teaching and learning

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

During the module/programme, is there an analysis of the effective utilisation of resources
•If so can you give me an example?

Learner access to teacher guidance

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the nature and extent of tutorial guidance can take place?
•If so obtain a copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Do staff development strategies ensure that teachers understand the guidance needed by learners on a flexible learning programme?
•If so can you give me an example?

Is there an agreed system for learners to access tutorial guidance?
•If so can you give me an example?

Is entitlement of learners for guidance made clear in the module/programme documentation?
•If so obtain a copy

Does the teacher:learner ratio allow guidance to be effective?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

Pace of progression through the module/programme.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation about the pace of progress through the module/programme can take place?
•If so obtain a copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?
•If so can you give me an example?

Pattern of assessment.

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain copy

Do the module/programme documents indicate the parameters within which negotiation about the pattern of assessment can take place?
•If so obtain copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Are there strategies in place which allow the assessment procedures within the institution to cope with flexibility of assessment?
•If so can you give me an example?

Are there staff development programmes to meet the needs of assessors of flexible learning?
•If so can you give me an example?

Is there a strategy which enables equality of opportunity in the pattern of assessment?
•If so can you give me an example?

Do module/programme documents clearly state the number of attempts learners have at any particular assessment?

Is the extent of flexibility in the pattern of assessment explicitly stated in the module/programme document?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Nature of the assessment

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•if so obtain copy

Do the module/programme documents indicate the parameters within which negotiation about the nature of the assessment can take place?
•If so obtain copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Assessment of practice

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
•If so obtain a copy

Do the module/programme documents indicate the parameters within which negotiation can take place?
•If so obtain a copy

Do employment policies and staff deployment take account of the effects on staff of flexible provision?
•If so can you give me an example?

Is the effect on work patterns of members of staff monitored?
•If so can you give me an example?

Are there staff development programmes in operation to prepare and update assessors?
•If so can you give me an example?

Are there sufficient qualified staff for the role of assessors of clinical practice?

Is there a strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?
•If so can you give me an example?

Evaluation.

Is there a policy statement concerned with the evaluation of the extent to which flexibility should underpin provision?
•If so obtain a copy

Employment policies and staff deployment which take account of the effects on staff of flexible provision - are these policies evaluated?
•If so can you give me an example?

Is the provision of resources for flexible learning evaluated?
•If so can you give me an example?

Communication of information to everyone involved in providing the module/programme about the extent to which flexibility should underpin provision - is this evaluated?

Is there an evaluation strategy which incorporates all characteristics of flexible learning?
•If so can you explain this strategy / obtain a copy of the document

Is there an audit tool which effectively evaluates all performance indicators?
•If so obtain copy of audit tool used

Interview Schedule - Learner

Time of the module/programme.

Was the timing of the module/programme important to you?
•If so why?

Was there information available to you concerning the timing of the module/prpogramme?

Were you able to negotiate the timing of the module/programme?
•If so what form did those negotiations take?

The location of the module/programme.

Was the location of the module/programme important to you?
•If so why?

Was the module/programme offered on more than one location?

Were you able to negotiate variations in the location of the module/progamme?
•If so what form did those negotiations take?

Constraints on whether a module/programme will be available.

Were you aware of any constraints on whether the module/programme was available?

If constraints were placed upon the module/programme being available were you able to negotiate to meet your needs?
•If so what form did those negotions take?

Range of choice of module/programme.

Is there information about the range of choices of modules/programmes available to you?

Do you feel that the choices available to you met your needs?
• If so can you give me an example?

Are you able to select any one of a wide range of modules/programmes at different levels?
•If so can you give me an example?

Are you offered guidance in your choice of modules/programmes?
• If so can you give me an example?

Are you able to negotiate any variations?
• If so can you give me an example?

Is there time available in the module/programme for yourself and the teacher to negotiate choices?

Can choices made at the outset of a programme be re-negotiated to meet your needs?
•If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

Are your needs as a learner being met?
- If so can you give me an example?

By choosing appropriate modules, have you followed a coherent pathway?
- If so can you give me an example?

Are you satisfied with the range of modules/programmes offered?
- If not please explain why

Are you satisfied with the guidance offered?
- If not please explain why.

Range of modes of study available to the learner

Is the range of modes of study influenced by your needs?
- If so can you give me an eample?

Is information about the range of modes of study made available to you?

Can you select any one of a wide range of modes of study?
- If so can you give me an example?

Are you offered guidance in your choice of modes of study?
- If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Is time available in the module/programme for yourself and the teacher to negotiate choices?
- If so can you give me an example?

Can choices made at the outset of a programme be re-negotiated to meet your needs?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are your individual needs met?
- If so can you give me an example?

Are you satisfied with the range of modes of study offered?
- If not can you explain why?

Are you satisfied with the guidance offered?
- If not can you explain why?

Range of starting/finishing dates of module/programme.

Is information about the starting/finishing dates of the modules/programmes made available you?

Are there opportunities made for yourself, your teachers and managers to agree starting/finishing dates?
- If so can you give me an example?

Are you aware of the parameters for the negotiation of starting/finishing dates?
- If so can you explain those parameters?

Are you able to negotiate any variations?
- If so can you give me an example?

Can the finishing date be changed during the module/programme to meet your needs?
- If so can you give me an example?

Do the starting/finishing dates of modules enables you to study further modules?
- If so can you give me an example?

Range of requirements of entry to the module/programme.

Is the range of requirements of entry influenced by your needs?
- If so can you give me an example?

Is information about the range of requirements of entry made available to you?

Can AP(E)L be used to meet the entry requirements for the module/programme?
- If so can you give me an example?

Is guidance given to you on how to meet the entry requirements?
- If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Does the content of the module/programme relate to the entry requirements?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are you able to meet the requirements of entry to the module/programme in a variety of ways?
- If so can you give me an example?

Are you satisfied with guidance on how to meet the entry requirements?
- If not can you explain why

Are your needs being met?
- If so can you give me an example?

Requirement to attend sessions of the module/programme.

Is the requirement to attend sessions influenced by your needs?
- If so can you give me an example?

Is information about attendance made available to you?

Are your attendance needs assessed?
- If so can you give me an example?

Are you given acceptable notice of requirements to attend?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Is time available in the module/programme for the yourself and the teacher to negotiate choices?

Is your attendance monitored?
- If so can you give me an example?

Is there assistance for learners who are struggling to achieve minimum attendance?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are your needs being met?
- If so can you give me an example?

Range of content of module/programme

Is the content of the module/programme influenced by your needs?
- If so can you give me an example?

Is information about the content of modules/programmes made available to you?

Is there is an AP(E)L policy?

Is the content of the module/programme relevant to contemporary care practices?
- If so can you give me an example?

Were you or a fellow learner involved in the curriculum development of the module/programme?

Are teachers available to guide the AP(E)L process?
- If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?
- If so can you give me an example?

Are you able to negotiate any variations in the content?
- If so can you give me an example?

Is time available in the module/programme for yourself and your teacher to negotiate choices?

Are you and your teacher aware of the parameters for the negotiation of the content of module/programme?
- If so can you give me an example?

Is the range of content negotiated by you documented?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are you satisfied with the negotiation process?

Can you demonstrate achievement of learning outcomes?
- If so can you give me an example?

Are your needs met?
- If so can you give me an example?

Mode of teaching and learning

Is the mode of teaching and learning influenced by your needs?
- If so can you give me an example?

Is information about the kind of teaching and learning activities used during the modules/programmes made available to you?
- If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Is time available in the module/programme for yourself and your teacher to negotiate choices?

Are teaching styles adapted to individual learning styles?
- If so can you give me an example?

Are you enabled to identify your own preferred learning styles at the beginning of the module/programme?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Does the use of different learning styles throughout the module/programme enhance your development ?
- If so can you give me an example?

Are the teaching methods effective and appropriate?
- If so can you give me an example?

Are you able to achieve module outcomes in a variety of ways to suit your own individual learning style?
- If so can you give me an example?

Are your needs met?
- If so can you give me an example?

Resources for teaching and learning

Are the resources for teaching and learning influenced by your needs?
- If so can you give me an example?

Is information about the resources for teaching and learning used during the modules/programmes made available to you
- If so can you give me an example?

Are library facilities accessible to all learners?

Are the resources for teaching and learning adequate?
- If so can you give me an example?

Are there extended central services for example, library opening hours, postal library schemes, borrowing rights, inter-library loan schemes and access to Information Technology?

Are you made aware of your entitlement to facilities?
- If so can you give me an example?

Are you satisfied with the range of resources available?

Are resources used effectively?
- If so can you give me an example?

Are your needs met?
- If so can you give me an example?

Teacher guidance

Is the nature and extent of teacher guidance influenced by your needs?
- If so can you give me an example?

Is information about the nature and extent of tutorial guidance during the modules/programmes made available to you?

Is there an agreed system for you to access tutorial guidance?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Is time available in the module/programme for yourself and your teacher to negotiate choices?

Is networking encouraged to promote peer support?
- If so can you give me an example?

Is time made available for teacher guidance?
- If so can you give me an example?

Are you allocated a personal teacher?
- If so can you identify her for me.

Is there sufficient teacher guidance at the correct academic level?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Is teacher guidance an effective resource for you?
- If so can you give me an example?

Are the your individual needs met?
- If so can you give me an example?

Pace of progression through the module/programme.

Is the pace of progression influenced by your needs?
- If so can you give me an example?

Is information about the pace of progress through the modules/programmes made available you?
- If so can you give me an example?

Do you have access to institutional regulations on the maximum and minimum times for progression through the module/programme?

Is information for learners on any changes regularly and frequently updated?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Is time available in the module/programme for yourself and your teacher to negotiate choices?

Is the curriculum sufficiently flexible to allow you to determine the pace of progression?
- If so can you give me an example?

Is guidance available for learners progressing at a different pace?
- If so can you give me an example?

Is pace of progression negotiated to meet your individual needs?
- If so can you give me an example?

Are sufficient staff available to manage learners progressing at their own pace?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are your needs met?
- If so can you give me an example?

Pattern of assessment.

Is information about the pattern of assessment made available you?
- If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Is time available in the module/programme for the yourself and your teacher to negotiate choices?

Does negotiation about the pattern of assessments take place between yourself and your teachers?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are your needs met?
- If so can you give me an example?

Nature of assessment.

Is the nature of the assessment influenced by your needs?
- If so can you give me an example?

Is information about the nature of the assessment made available to you?
- If so can you give me an example?

Are assessment criteria and guidelines available for you at an appropriate time?
- If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?
- If so can you give me an example?

Are you able to negotiate any variations?
- If so can you give me an example?

Do you receive adequate guidance during the assessment process?
- If so can you give me an example?

Is consistent guidance available for all learners wishing to negotiate the methods of assessment?
- If so can you give me an example?

Is a range of assessment methods available for negotiation between you and your teacher?
- If so can you give me an example?

Are you able to negotiate the type of evidence presented for assessment?
- If so can you give me an example?

Is time available in the programme for yourself and your teacher to negotiate choice in assessment methods?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are your needs being met?
- If so can you give me an example?

Assessment of practice.

Is the nature of assessment of practice influenced by your needs?
- If so can you give me an example?

Is information about the nature of assessment of practice made available to you?

Are the criteria selected for assessment of practice appropriate for the module/programme?
- If so can you give me an example?

Is time available during the placement for yourself and your assessor to negotiate possible approaches to assessment?

Are you able to negotiate any variations?
- If so can you give me an example?

Is there acceptable guidance for you in the clinical area?
- If so can you give me an example?

Are placement areas overloaded with learners seeking experience?
- If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
- If so can you give me an example?

Are your needs being met?
- If not can you explain why?

Clinical Manager

Timing of the module/programme

As the customer in respect of this module/programme, are you able to influence the timing of the module/programme?
•If so can you give me an example?

Does the timing of the module/programme meet your needs as the customer/clinical manager?

The location of the module/programme.

Are you able to influence the location of the module/programme?
•If so can you give me an example?

Does the location of the module/programme meet your needs as the customer/clinical manager?

Constraints on whether a module/programme will be available.

Are you able to influence restrictions on provision of the module/programme?
•If so can you give me an example?

Are you aware of any possible variations in the timing of the module/programme?
•If so can you give me an example?

Does the provision of the module/programme meet your needs as the customer/clinical manager?

Range of choice of module/programme.

Are you able to influence the range of choice of the module/programme available?
•If so can you give me an example?

Does the range of choice of module/programme meet your needs as the customer/clinical manager?

Range of modes of study available to the learner

Are you able to influence the range of mode of study available for the learner undertaking the module/programme?
•If so can you give me an example?

Does the range of mode of study of the module/programme meet your needs as the customer/clinical manager?

Range of starting/finishing dates of module/programme.

Are you able to influence the starting/finishing dates of the module/programme?
•If so can you give me an example?
Does the starting/finishing dates of the module/programme meet your needs as the customer/clinical manager?

Are opportunities made for learners, teachers and managers to agree starting/finishing dates?
•If so can you give me an example?

Payment for module/programme

Are you able to influence the range of mode of payment for the module/programme?
•If so can you give me an example?

Does the range of mode of payment meet your needs as the customer/clinical manger?

Range of requirements of entry to the module/programme.

Are you able to influence the range of requirement for entry to the module/programme?
•If so can you give me an example?

Does the range of requirement of entry of the module/programme meet your needs as the customer/clinical manager?

Is there an access programmes to facilitate entry to the module/programme?

Requirement to attend sessions of the module/programme.

Are you able to influence the requirement to attend sessions of the module/programme?
•If so can you give me an example?

Does the requirement to attend sessions of the module/programme meet your needs as the customer/clinical manager?

Range of content of module/programme

Have you or a fellow clinical manager been involved in the curriculum development of the module/programme?

Are you able to influence the range of content of the module/programme?
•If so can you give me an example?

the range of content of the module/programme relevant to contemporary care practices?

Does the range of content of the module/programme meet your needs as the customer/clinical manager?

Mode of teaching and learning

Are you able to influence the modes of teaching and learning used during the module/programme?
•If so can you give me an example?

Does the mode of teaching and learning during the module/programme meet your needs as the customer/clinical manager?

Resources for teaching and learning

Are you able to influence the provision of resources for teaching and learning used during the module/programme?
•If so can you give me an example?
Does the resources for teaching and learning used during the module/programme meet your needs as the customer/clinical manager?

Learner access to teacher guidance

Are you able to influence the nature and extent of teacher guidance for learners during the module/programme?
•If so can you give me an example?

Does the nature and extent of teacher guidance for learners during the module/programme meet your needs as the customer/clinical manager?

Pace of progression through the module/programme.

Are you able to influence the expected page of progression of learners during the module/programme?
•If so can you give examples?

Does the expected pace of student progress during the module/programme meet your needs as the customer/clinical manager?

Pattern of assessment.

Are you able to influence the pattern of assessment for the module/programme?
•If so can you give me an example?

Does the pattern of assessment for the module/programme meet your needs as the customer/clinical manager?

Nature of the assessment

Are you able to influence the nature of the assessment of the module/programme?
•If so can you give examples?

Does the nature of assessment of the module/programme meet your needs as the customer/clinical manager?

Assessment of practice

Are you able to influence the nature of assessment of practice of the module/programme?
•If so can you give me an example?

What about the assessment of practice is this viewed as an important component of the learning experience?
•If so can you give me an example?

Is there an identified relationship between the level of skills in the clinical area and the academic level of the module/programme?
•If so can you give me an example?

Is there a strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?
•If so can you give me an example?

Is there a professional development programme to assist staff to prepare for and maintain their role in assessment of practice?
•If so can you give me an example?

Are there sufficient qualified staff for the role of assessors of clinical practice?

Is there an acceptable support structure available for assessors of practice?
•Can you give me an example?

Are placement areas overloaded with learners seeking experience?

Does the nature of assessment of practice used for the module/programme meet your needs as the customer/clinical manager?

Evaluation.
Are your comments sought as part of the evaluation of the module/programme?

Teacher

Timing of the module

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the timing of modules/programmes made available to the learner?
•If so can you give me an example?

How often is such information updated?

Can the learners negotiate choices?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?
•If so can you give me an example?

Are those negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

The location of the module/programme.

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the timing of modules/programmes made available to the learner?
•If so can you give me an example?

How often is that information updated?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?
•If so can you give me an example?

Constraints on whether a module/programme will be available.

Has everyone involved in providing the module/programme been informed of restrictions on provision and the implications for flexibility?
•If so how is that information communicated?

Is information about the restrictions on provision made available to the learner?
•If so can you give me an example?

How often Is information for learners on restrictions on provision regularly updated?

Are learners able to negotiate any variations?
•If so can you give me an example?

Are negotiations about any restrictions on provision successfully conducted within the parameters described in the programme documents?
•If so can you give me an example?

Range of choice of module/programme.

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the range of choices made available to the learner?
•If so can you give me an example?

How often is information for learners on any changes updated?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?
•If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

Does the design of the programme include an appropriate balance between core and option modules?
•If so can you give me an example?

Can learners select any one of a wide range of modules/programmes at different levels?
•If so can you give me an example?

Are learners offered guidance in their choice of modules/programmes?
•If so can you give me an example?

How often is the range of choice reviewed?

Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?
•If so can you give me an example?

Does information on the modules/programmes facilitate the choices made by the learners?
•If so can you give me an example?

By choosing appropriate modules, have the learners followed a coherent pathway?
•If so can you give me an example?

Range of modes of study available to the learner

Are all college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?
•If so can you give me an example?

Is information about the range of modes of study made available to the learner?

How often is this information updated?

Can learners select any one of a wide range of modes of study?
•If so can you give me an example?

Are learners offered guidance in their choice of modes of study?
•If so can you give me an example?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?
•If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

Is the range of modes of study reviewed?

Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?
•If so can you give me an example?

Does information on the modes of study available facilitate the choices made by the learners?
•If so can you give me an example?

Range of starting/finishing dates of module/programme.

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the starting/finishing dates of the modules/programmes made available to the learners?

Do you and your colleagues of know the starting/finishing dates of modules/programmes in advance?

Are opportunities made for learners, teachers and clinical managers to agree starting/finishing dates?
•If so can you give me an example?

Are teachers and learners aware of the parameters for the negotiation of starting/finishing dates?
•If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?
•If so can you give me an example?

Can the finishing date be changed during the module/programme to meet the needs of the learner?
•If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

Do the starting/finishing dates of modules enables learners to study further modules?
•If so can you give me an example?

Range of requirements of entry to the module/programme.

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the range of requirements of entry made available to the learner?

How often is that information updated?

Can the requirements of entry to the module/programme be met in a variety of ways?
•If so can you give me an example?

Can AP(E)L be used to meet the entry requirements for the module/programme?

Are entry requirements set at the minimum level?
•If so can you give me an example?

Is there an access programmes to facilitate entry to the module/programme?

Is guidance given to learners on how to meet the entry requirements?
•If so can you give me an example?

Are learners able to negotiate any variations?
•If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

Does the content of the module/programme relate to the entry requirements?
•If so can you give me an example?

Do pass-rates and completion rates indicate that learners are not disadvantaged as a result of meeting the entry requirements in different ways?
•If so can you give me an example?

Requirement to attend sessions of the module/programme.

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Does the requirement to attend take account of the distance a learner may have to travel to a study centre and social, economic and employment factors?
•If so can you give me an example?

Is staff availability and utilisation considered in relation to the learners' obligation to attend?
•If so can you give me an example?

Are the attendance needs of individual learners assessed?
•If so can you give me an example?

Is the requirement to attend negotiated?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Is learner attendance monitored?

Is there assistance for learners who are struggling to achieve minimum attendance?
•If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

How many learners achieve the required attendance pattern?

Are there differences in outcomes for learners who attend less often than others?
•If so can you give me an example?

Range of content of module/programme

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the content of modules/programmes made available to the learner?

Is the content of the module/programme relevant to contemporary care practices?
•If so can you give me an example?

Are teachers available to guide the AP(E)L process?
•If so can you give me an example?

Are learners able to negotiate any variations in the content?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?
•If so can you give me an example?

Are teachers and learners aware of the parameters for the negotiation of the content of module/programme?
•If so can you give me an example?

Is an AP(E)L scheme fully operational?

Is the relevance of content evaluated during the module/programme?
•If so can you give me an example?

Is the range of content negotiated by the learner documented?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

Mode of teaching and learning

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the kind of teaching and learning activities used during the modules/programmes made available to the learner?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?
•If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?
•If so can you give me an example?

Are teaching styles adapted to individual learning styles?
•If so can you give me an example?

Are learners enabled to identify their own preferred learning styles at the beginning of the module/programme?
•If so can you give me an example?

Does the use of different learning styles throughout the module/programme enhance the learner's development ?
•If so can you give me an example?

Are learners able to achieve module outcomes in a variety of ways to suit their individual learning styles?
•If so can you give me an example?

Resources for teaching and learning

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the resources for teaching and learning used during the modules/programmes made available to the learner?
•If so can you give me an example?

Are the resources for teaching and learning adequate?
•If so can you give me examples?

Are there extended central services for example, library opening hours, postal library schemes, borrowing rights, inter-library loan schemes and access to Information Technology?

Are learners made aware of their entitlement to facilities?

Learner access to teacher guidance

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the nature and extent of teacher guidance during the modules/programmes made available to the learner?

Are learners able to negotiate any variations?

Is time made available for teacher guidance?
•If so can you give me an example?

Are learners allocated a personal teacher?

Are records kept of learners' progress including a record of guidance given?

Is there sufficient teacher guidance at the correct academic level?

Pace of progression through the module/programme.

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the pace of progress through the modules/programmes made available to the learner?

Are the maximum and minimum times for progression through the module/programme determined by professional/academic regulations?

Do learners have access to institutional regulations on the maximum and minimum times for progression through the module/programme?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Is the curriculum sufficiently flexible to allow learners to determine the pace of progression?
•If so can you give me an example?

Is guidance available for learners progressing at a different pace?
•If so can you give me an example?

Is pace of progression negotiated to meet learners' individual needs?
•If so can you give me an example?

Can learning and teaching strategies adjust to changes in the pace of progression?
•If so can you give me an example?

Are sufficient staff available to manage learners progressing at their own pace?

Is learner progression through the module/programme documented?

Pattern of assessment.

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the pattern of assessment made available to the learner?

Is information for learners on any changes regularly and frequently updated?

Are learners able to negotiate any variations?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Does negotiation about the pattern of assessments take place between learners and teachers?
•If so can you give me an example?

Is the pattern of assessment monitored for examination boards?
•If so can you give me an example??

Nature of the assessment

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the nature of the assessment made available to the learner?

How often is the information updated.

Are assessment criteria and guide-lines available for learners at an appropriate time?

Does module/programme planning allow for a range of assessments to be used?

Are the different types of assessment comparable and appropriate?
•If so can you give me an example?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Do learners receive adequate guidance during the assessment process?
•If so can you give me an example?

Is consistent guidance available for all learners wishing to negotiate the methods of assessment?
•If so can you give an example?

Is the range of assessment methods subject to moderation?

Is there a range of assessment methods available for negotiation between teacher and learner?

Are learners able to negotiate the type of evidence presented for assessment?

Is time available in the programme for the teacher and learner to negotiate choice in assessment methods?

Are accurate records kept of the methods of assessment chosen?

Is there compatibility in the pass rate between flexible and traditional assessment methods?

Assessment of practice

Has everyone involved in providing the module/programme practice been informed of the extent to which flexibility should underpin provision?
•If so how is that information communicated?

Is information about the nature of assessment of practice made available to the learner?

Is the assessment of practice acknowledged as an important component of the learning experience?
•If so can you give me an example?

Is there an identified relationship between the level of skills in the clinical area and the academic level of the module/programme?
•If so can you give me an example?

Are the criteria selected for assessment of practice appropriate for the module/programme?

Is there a professional development programme to assist staff to prepare for and maintain their role in assessment of practice?
•If so can you give me an example?

Are there sufficient qualified staff for the role of assessors of clinical practice?

Are strategies employed to enable learners to negotiate practice outcomes at the appropriate level?
•If so can you give me an example?

Is time available during the placement for the learner and assessor to negotiate possible approaches to assessment?

Is the documentation designed to enable the assessor to record and monitor progress and achievement?

Are learners able to negotiate any variations?
•If so can you give me an example?

Is there an acceptable support structure available for assessors of practice?

Are suitably qualified staff assessing the learners in the clinical area?

Is there effective use of placement audit information to ensure a learning experience of appropriate quality?

Is there acceptable guidance for learners in the clinical area?
•If so can you give me an example?

Is the learner's progress through a placement monitored?

Are placement areas overloaded with learners seeking experience?

Evaluation.

Are the parameters within which negotiation between teacher and learner takes place evaluated in respect of:
purpose;
guide-lines;
making judgements?

Is the availability of information to the learner evaluated?

Is the evaluation format appropriate for flexible learning?

Appendix F

Dimensions of Flexible Learning in Post-Registration Nurse Education

Dimensions of Flexibility of Programmes in Post-Registration Nurse Education

PROVISION AND ACCESS

A. Planning the programme
- Learners and employers are involved in planning the programme.
- Learners and employers are not involved in planning the programme.

B. Modularisation
- The programme is modularised and the modules are broken down into sub-modular units.
- The programme is modularised and some of the modules are broken down into sub-modular units.
- The programme is modularised.
- The programme is modularised but none of the modules are broken down into sub-modular units.
- The programme is not modularised.

C. Credit-rating
- The programme is credit-rated.
- The programme is not credit-rated.

D. Choice available to the learner
D.1. Choice and recruitment
- There is no lower limit to the number of learners who must enrol before the programme will run.
- There is no upper limit to the number of learners who may enrol on the programme.
- The programme only runs when a minimum number of learners have enrolled.
- There is an upper limit to the number of learners who may enrol on the programme.

D.2. Choice and pre-conditions
- In a modularised programme, the learner's choice of modules is not restricted by, for example, a requirement that modules be taken in a particular order.
- In a modularised programme where the modules are broken down into sub-modular units, the sub-modular units of the module can be taken in any order.
- In a modularised programme where the modules are broken down into sub-modular units, the sub-modular units must be taken in a pre-set order.
- In a modularised programme, there are pre-conditions which restrict module choice such as a requirement that modules be taken in a particular order.

D.3. Choice of programme
- The programme is one of a wide range from which learners can choose.
- In a modularised programme where modules are chosen as options from groups of modules, modules can be chosen from different groups.
- In a modularised programme where modules are chosen as options from groups of modules, modules can only be chosen from one group.
- There is no choice of modules in the programme.

E. Starting date of the programme
- Learners can start the programme at any time.
- Learners can negotiate the start of the programme.

- There is some choice of starting dates, for example, there are two or more entry points during the year.
- The programme begins at one fixed point during the year.

F. Entry to the programme

F.1. Provision of information to potential learners

- There is a high level of provision of information to potential learners designed to facilitate access, for example, there is a 'Drop-in' Centre or an 'Open Day'.
- Access courses or study skills courses are offered to potential learners.
- There are no special arrangements designed to facilitate access.

F.2. Entry requirements

- There are no entry requirements.
- The entry requireemnts can be negotiated.
- A range of qualifications and/or experience is acceptable for entry to the programme
- Evidence of learning from appropriate experience acceptable, for example, the accreditation of prior learning.
- There are no entry requirements in addition to those that relate to qualifications and experience, for example, selection by interview.
- Specific qualifications and/or experience are required for entry.
- There are entry requirements in addition to those that relate to qualifications and/or experience, for example, learners are selected following an interview.

F.3. Sponsorship

- It is not essential that learners are sponsored or supported by their employer.
- Potential learners must be sponsored or supported by their employer.

G. Modes of study available to the learner

- Learners can choose a mode of study, for example distance learning, from a range of modes.
- Learners can negotiate to use a mode of study, for example distance learning, of their choice.
- The mode of study is specified by the teacher, institution or an external agency.

H. Provision of the programme

H.1. Classroom-based sessions

H.1.1. Scheduled times of the classroom-based sessions

- The mode of learning, for example distance learning, means that the classroom-based sessions are not scheduled to take place at any a particular time.
- The classroom-based sessions are offered at a range of times during the week.
- The time when the classroom-based sessions are scheduled is negotiable.
- The classroom-based sessions are offered outside normal working hours, for example, to take account of the learner's shift pattern.
- The classroom-based sessions are offered outside normal working hours and at weekends.
- The classroom-based sessions are offered outside normal working hours and on weekday evenings.
- The classroom-based sessions are offered outside normal working hours on weekday evenings and at weekends.
- The classroom-based sessions are only offered during normal working hours.

H.1.2. The starting and finishing times of classroom-based sessions

- The mode of learning, for example distance learning, means that programme sessions are not scheduled to start and finish at particular times.
- The starting time of scheduled sessions is negotiable.
- The finishing time of scheduled sessions is negotiable.
- The starting time of scheduled sessions is fixed.
- The finishing time of scheduled sessions is fixed.

H.1.3. The location of the classroom-based sessions

- The mode of learning, for example distance learning, means that programme sessions are not scheduled to take place at any particular location.
- The location of the classroom-based sessions is negotiable.
- The programme is offered at more than one location.
- The programme is offered at one location only.

H.2. The practice element of the programme

H.2.1. The location of practice placement

- The practice elements of the programme can be accommodated in the learner's own workplace.
- The practice elements of the programme can be accommodated in the learner's own workplace and there are opportunities for practical experience elsewhere.
- Some of the practice elements of the programme must take place at a location different from the learner's own workplace.
- The practice elements of the programme must be accommodated in the learner's own workplace.
- All of the practice elements of the programme must take place at a location different from the learner's own workplace.

H.2.2. Choice of practice placement

- Where the location of the practice placement is different from the learners' own workplace, learners can choose the location.
- Where the location of practice placement is different from the learners' own workplace, the location is negotiated by the learner and the teacher/institution.
- Where the location of practice placement is different from the learners' own workplace, the teacher/institution decides on the location.

H.2.3. Constraints on use of practice placements as a result of quality controls.

- The location of the practice placement is not subject to any constraints which may restrict its use.
- The location of the practice placement is subject to constraints which may restrict its use, for example, practice facilitotors must be trained for that work and/or the location of the practice placement is subject to clinical audit.

I. Requirement to attend

- Learners are not required to attend the institution for programme sessions.
- Learners' attendance at the institution for programme sessions can be negotiated.
- Learners are required to attend the institution for some programme sessions.
- Learners are required to attend the institution for most programme sessions.
- Learners are required to attend the institution for all the programme sessions.

J. Payment for attending/studying

- Learners are paid during attendance at scheduled sessions and for study time.
- Learners are given time off in lieu of time spent attending scheduled sessions and/or studying.

- Learners negotiate time off in lieu of time spent attending scheduled sessions and/or studying.
- Learners are reimbursed for expenses, for example, travel, in connection with the programme.
- Learners are not given time off in lieu of time spent attending scheduled sessions and/or studying.
- Learners are not paid during attendance at scheduled sessions and for study time.

K. Payment for programme

K.1. Source of payment

- The programme fee is paid by the learner's employer.
- The payment of the fee is negotiated with the employer.
- Learners may pay for the programme by taking out an interest free loan from the hospital/hospital trust.
- The programme fee is paid by the learner.

K.2. Method of payment

- Payment may be made by cash, cheque or credit card.
- Payment may be made by cash or cheque only.

K.3. Time of payment

- Payment may be made over an extended period.
- The time of payment may be negotiated.
- Payment must be made in full after the programme is finished.
- Payment must be made in full at a fixed point during the programme.
- Payment must be made in full at the beginning of the programme.
- Payment must be made in full before the programme commences.

L. Finishing date of the programme.

- The programme finishing date is not fixed.
- The programme finishing date can be negotiated between teacher and learner within a wide time span.
- The programme finishing date can be negotiated between teacher and learner within a limited time span.
- The programme finishes on a fixed date.

TEACHING AND LEARNING

M. Content of the programme

- Exemption is allowed for prior learning for all or part of the programme through for example, the accreditation of prior learning.
- The content of the programme is determined solely by the learner.
- The content of the programme is negotiated between the teacher and the learner.
- The content of the programme is broadly specified within wide limits.
- The content of the programme is specified with some scope for variation.
- The content of the programme is specified by the teacher, institution or external agency with no scope for variation.

N. Teaching and learning activities

- A wide range of teaching and learning activities is used. Generally, the teaching and learning activities are not teacher-centred nor didactic and mostly there is active learner participation. Only rarely is the learner is the passive recipient of instruction.
- Teaching and learning activities are negotiated.

- A restricted range of teaching and learning activities is used. The teaching and learning activities are mostly teacher-centred and didactic but there is active learner participation in some activities. The learner is mostly the passive recipient of instruction but participates to some extent.
- A very narrow range of teaching and learning activities is used. All the teaching and learning activities are teacher-centred and didactic and there is no active learner participation. The learner is always the passive recipient of instruction.

O. Resources for teaching and learning

O.1. The teacher as the resource for learning

- The programme uses the teacher, other individuals such as specialists or peers and other resources such as texts, resource centres, libraries, visits to clinical areas.
- The use of the teacher, other individuals and other resources is negotiated.
- The programme uses the teacher and other resources such as texts, resource centres, libraries, visits to clinical areas.
- The programme uses the teacher and other individuals such as specialists or peers.
- The programme uses the teacher as the sole resource.

O.2. The use of learning packages

- The programme uses learning packages for example, text-based independent study materials, supplemented by contributions from others (such as teachers and peers), new technologies and texts.
- The way the learning packages are used can be negotiated
- The programme uses learning packages supplemented by contributions from teachers and peers.
- The programme uses learning packages supplemented by new technologies, for example, video, CD-ROMs, computer software.
- The programme uses learning packages supplemented by texts.
- The programme uses learning packages for example, text-based independent study materials, as the sole resource.

P. Access to teacher guidance

P.1. Availability of teacher guidance

- Teacher guidance is available at all times.
- Availability of teacher guidance is negotiated between teacher and learner.
- Teacher guidance is only available during working hours.
- Teacher guidance is only available during working hours, at specified time outside teaching sessions.
- Teacher guidance is only available during teaching sessions.

P.2. The nature of teacher-learner contact

- Teacher guidance is through in-person meetings and/or correspondence and/or the telephone.
- The nature of teacher-learner contact is negotiated.
- Teacher guidance is through in-person meetings and/or the telephone.
- Teacher guidance is through in-person meetings and/or correspondence.
- Teacher guidance is through 'in-person' meetings only.

Q. Pace of progression through the programme

- The pace through the programme is determined by the student.
- The pace through the programme is negotiated between the teacher/institution and the student.
- The pace through the programme is determined by the teacher/institution.

ASSESSMENT

R. Assessment of theory

R.1. Pattern of assessment

- The pattern of assessment is decided by the learner.
- The pattern of assessment is negotiated between the teacher/institution and the learner.
- The pattern of assessment is the same for all learners.
- The pattern of assessment is decided by the teacher/institution.

R.2. Timing of assessment

- The date/time of the assessment is decided by the learner.
- The date/time of the assessment is negotiated between the teacher/institution and the learner.
- The date/time of the assessment is the same for all learners.
- The date/time is decided by the teacher/institution.

R.3. Assessment task

- The assessment task is decided by the learner.
- The assessment task is negotiated between the teacher/institution and the learner.
- The assessment task is the same for all learners.
- The assessment task is decided by the teacher/institution.

R.4. Form of assessment evidence

- The form of assessment evidence is decided by the learner.
- The form of the assessment evidence is negotiated between the teacher/institution and the learner.
- The form of assessment evidence is the same for all learners.
- The form of the assessment evidence is decided by the teacher/institution.

R.5. Assessment criteria

- The assessment criteria are decided by the learner.
- The assessment criteria are negotiated between the teacher/institution and the learner.
- The assessment criteria are the same for all learners.
- The assessment criteria are decided by the teacher/institution.

Assessment of practice

S.1. Pattern of assessment

- The pattern of assessment is decided by the learner.
- The pattern of assessment is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The pattern of assessment is the same for all learners.
- The pattern of assessment is decided by the teacher/institution and/or the clinical assessor.

S.2. Timing of assessment

- The date/time of the assessment is decided by the learner.
- The date/time of the assessment is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The date/time of the assessment is the same for all learners.
- The date/time is decided by the teacher/institution and/or the clinical assessor.

S.3. Method of assessment

- The method of assessment is decided by the learner.
- The method of assessment is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The method of assessment is the same for all learners.
- The method of assessment is decided by the teacher/institution and/or the clinical assessor.

S.4. Form of assessment evidence

- The form of assessment evidence is decided by the learner.
- The form of the assessment evidence is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The form of assessment evidence is the same for all learners.
- The form of the assessment evidence is decided by the teacher/institution and/or the clinical assessor.

S.5. Assessment criteria

- The assessment criteria are decided by the learner.
- The assessment criteria are negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The assessment criteria are the same for all learners.
- The assessment criteria are decided by the teacher/institution and/or the clinical assessor.

EVALUATION

T. Evaluation

- Learners and employers are involved in the evaluation.
- Learners and employers are not involved in the evaluation.

Dimensions of Flexibility of Modules in Post-Registration Nurse Education

PROVISION AND ACCESS

A. Planning the module

- Learners and employers are involved in planning the module.
- Learners and employers are not involved in planning the module.

B. Modularisation and unitisation

- The module is broken down into sub-modular units.
- The module is not broken down into sub-modular units.

C. Credit-rating

- The module is credit-rated.
- The module is not credit-rated.

D. Choice of module available to the learner

D.1. Choice and recruitment

- There is no lower limit to the number of learners who must enrol before the module will run.
- There is no upper limit to the number of learners who may enrol on the module.
- The module only runs when a minimum number of learners have enrolled.
- There is an upper limit to the number of learners who may enrol on the module.

D.2. Choice and pre-conditions

- The learner's choice of modules is not restricted by, for example, a requirement that modules be taken in a particular order.
- Where the module is broken down into sub-modular units, the sub-modular units of the module can be taken in any order.
- Where the module is broken down into sub-modular units, the sub-modular units must be taken in a pre-set order.
- There are pre-conditions which restrict module choice such as a requirement that modules be taken in a particular order.

D.3. Choice of module

- The module is one of a wide range from which learners can choose.
- If modules are chosen as options from groups of modules, the module can be chosen from different groups.
- If modules are chosen as options from groups of modules, the module can only be chosen from one group.
- There is no choice; learners are required to take this module.

E. Starting date of the module

- Learners can start the module at any time.
- Learners can negotiate the start of the module.
- There is some choice of starting dates, for example, there are two or more entry points during the year.
- The module begins at one fixed point during the year.

F. Entry to the module

F.1. Provision of information to potential learners

- There is a high level of provision of information to potential learners designed to facilitate access, for example, there is a 'Drop-in' Centre or an 'Open Day'.
- Access courses or study skills courses are offered to potential learners.
- There are no special arrangements designed to facilitate access.

F.2. Entry requirements

- There are no entry requirements.
- The entry requireemnts can be negotiated.
- A range of qualifications and/or experience is acceptable for entry to the module
- Evidence of learning from appropriate experience acceptable, for example, the accreditation of prior learning.
- There are no entry requirements in addition to those that relate to qualifications and experience, for example, selection by interview.
- Specific qualifications and/or experience are required for entry.
- There are entry requirements in addition to those that relate to qualifications and/or experience, for example, learners are selected following an interview.

F.3. Sponsorship

- It is not essential that learners are sponsored or supported by their employer.
- Potential learners must be sponsored or supported by their employer.

G. Modes of study available to the learner

- Learners can choose a mode of study, for example distance learning, from a range of modes.
- Learners can negotiate to use a mode of study, for example distance learning, of their choice.
- The mode of study is specified by the teacher, institution or an external agency.

H. Provision of the module

H.1. Classroom-based sessions

H.1.1. Scheduled times of the classroom-based sessions

- The mode of learning, for example distance learning, means that the classroom-based sessions are not scheduled to take place at any a particular time.
- The classroom-based sessions are offered at a range of times during the week.
- The time when the classroom-based sessions are scheduled is negotiable.
- The classroom-based sessions are offered outside normal working hours, for example, to take account of the learner's shift pattern.
- The classroom-based sessions are offered outside normal working hours and at weekends.
- The classroom-based sessions are offered outside normal working hours and on weekday evenings.
- The classroom-based sessions are offered outside normal working hours on weekday evenings and at weekends.
- The classroom-based sessions are only offered during normal working hours.

H.1.2. The starting and finishing times of classroom-based sessions

- The mode of learning, for example distance learning, means that module sessions are not scheduled to start and finish at particular times.
- The starting time of scheduled sessions is negotiable.
- The finishing time of scheduled sessions is negotiable.
- The starting time of scheduled sessions is fixed.
- The finishing time of scheduled sessions is fixed.

H.1.3. The location of the classroom-based sessions

- The mode of learning, for example distance learning, means that module sessions are not scheduled to take place at any particular location.
- The location of the classroom-based sessions is negotiable.
- The module is offered at more than one location.
- The module is offered at one location only.

H.2. The practice element of the module

H.2.1. The location of practice placement

- The practice elements of the module can be accommodated in the learner's own workplace.
- The practice elements of the module can be accommodated in the learner's own workplace and there are opportunities for practical experience elsewhere.
- Some of the practice elements of the module must take place at a location different from the learner's own workplace.
- The practice elements of the module must be accommodated in the learner's own workplace.
- All of the practice elements of the module must take place at a location different from the learner's own workplace.

H.2.2. Choice of practice placement

- Where the location of the practice placement is different from the learners' own workplace, learners can choose the location.
- Where the location of practice placement is different from the learners' own workplace, the location is negotiated by the learner and the teacher/institution.
- Where the location of practice placement is different from the learners' own workplace, the teacher/institution decides on the location.

H.2.3. Constraints on use of practice placements as a result of quality controls.

- The location of the practice placement is not subject to any constraints which may restrict its use.
- The location of the practice placement is subject to constraints which may restrict its use, for example, practice facilitotors must be trained for that work and/or the location of the practice placement is subject to clinical audit.

I. Requirement to attend

- Learners are not required to attend the institution for module sessions.
- Learners' attendance at the institution for module sessions can be negotiated.
- Learners are required to attend the institution for some module sessions.
- Learners are required to attend the institution for most module sessions.
- Learners are required to attend the institution for all the module sessions.

J. Payment for attending/studying

- Learners are paid during attendance at scheduled sessions and for study time.
- Learners are given time off in lieu of time spent attending scheduled sessions and/or studying.
- Learners negotiate time off in lieu of time spent attending scheduled sessions and/or studying.
- Learners are reimbursed for expenses, for example, travel, in connection with the module.
- Learners are not given time off in lieu of time spent attending scheduled sessions and/or studying.
- Learners are not paid during attendance at scheduled sessions and for study time.

K. Payment for module

K.1. Source of payment

- The module fee is paid by the learner's employer.
- The payment of the fee is negotiated with the employer.
- Learners may pay for the module by taking out an interest free loan from the hospital/hospital trust.
- The module fee is paid by the learner.

K.2. Method of payment

- Payment may be made by cash, cheque or credit card.
- Payment may be made by cash or cheque only.

K.3. Time of payment

- Payment may be made over an extended period.
- The time of payment may be negotiated.
- Payment must be made in full after the module is finished.
- Payment must be made in full at a fixed point during the module.
- Payment must be made in full at the beginning of the module.
- Payment must be made in full before the module commences.

L. Finishing date of the module

- The module finishing date is not fixed.
- The module finishing date can be negotiated between teacher and learner within a wide time span.
- The module finishing date can be negotiated between teacher and learner within a limited time span.
- The module finishes on a fixed date.

TEACHING AND LEARNING

M. Content of the module

- Exemption is allowed for prior learning for all or part of the module through for example, the accreditation of prior learning.
- The content of the module is determined solely by the learner.
- The content of the module is negotiated between the teacher and the learner.
- The content of the module is broadly specified within wide limits.
- The content of the module is specified with some scope for variation.
- The content of the module is specified by the teacher, institution or external agency with no scope for variation.

N. Teaching and learning activities

- A wide range of teaching and learning activities is used. Generally, the teaching and learning activities are not teacher-centred nor didactic and mostly there is active learner participation. Only rarely is the learner is the passive recipient of instruction.
- Teaching and learning activities are negotiated.
- A restricted range of teaching and learning activities is used. The teaching and learning activities are mostly teacher-centred and didactic but there is active learner participation in some activities. The learner is mostly the passive recipient of instruction but participates to some extent.
- A very narrow range of teaching and learning activities is used. All the teaching and learning activities are teacher-centred and didactic and there is no active learner participation. The learner is always the passive recipient of instruction.

O. Resources for teaching and learning

O.1. The teacher as the resource for learning

- The module uses the teacher, other individuals such as specialists or peers and other resources such as texts, resource centres, libraries, visits to clinical areas.
- The use of the teacher, other individuals and other resources is negotiated.
- The module uses the teacher and other resources such as texts, resource centres, libraries, visits to clinical areas.
- The module uses the teacher and other individuals such as specialists or peers.
- The module uses the teacher as the sole resource.

O.2. The use of learning packages

- The module uses learning packages for example, text-based independent study materials, supplemented by contributions from others (such as teachers and peers), new technologies and texts.
- The way the learning packages are used can be negotiated
- The module uses learning packages supplemented by contributions from teachers and peers.
- The module uses learning packages supplemented by new technologies, for example, video, CD-ROMs, computer software.
- The module uses learning packages supplemented by texts.
- The module uses learning packages for example, text-based independent study materials, as the sole resource.

P. Access to teacher guidance

P.1. Availability of teacher guidance

- Teacher guidance is available at all times.
- Availability of teacher guidance is negotiated between teacher and learner.
- Teacher guidance is only available during working hours.
- Teacher guidance is only available during working hours, at specified time outside teaching sessions.
- Teacher guidance is only available during teaching sessions.

P.2. The nature of teacher-learner contact

- Teacher guidance is through in-person meetings and/or correspondence and/or the telephone.
- The nature of teacher-learner contact is negotiated.
- Teacher guidance is through in-person meetings and/or the telephone.
- Teacher guidance is through in-person meetings and/or correspondence.
- Teacher guidance is through 'in-person' meetings only.

Q. Pace of progression through the module

- The pace through the module is determined by the student.
- The pace through the module is negotiated between the teacher/institution and the student.
- The pace through the module is determined by the teacher/institution.

ASSESSMENT

R. Assessment of theory

R.1. Pattern of assessment

- The pattern of assessment is decided by the learner.
- The pattern of assessment is negotiated between the teacher/institution and the learner.
- The pattern of assessment is the same for all learners.
- The pattern of assessment is decided by the teacher/institution.

R.2. Timing of assessment

- The date/time of the assessment is decided by the learner.
- The date/time of the assessment is negotiated between the teacher/institution and the learner.
- The date/time of the assessment is the same for all learners.
- The date/time is decided by the teacher/institution.

R.3. Assessment task

- The assessment task is decided by the learner.
- The assessment task is negotiated between the teacher/institution and the learner.
- The assessment task is the same for all learners.
- The assessment task is decided by the teacher/institution.

R.4. Form of assessment evidence

- The form of assessment evidence is decided by the learner.
- The form of the assessment evidence is negotiated between the teacher/institution and the learner.
- The form of assessment evidence is the same for all learners.
- The form of the assessment evidence is decided by the teacher/institution.

R.5. Assessment criteria

- The assessment criteria are decided by the learner.
- The assessment criteria are negotiated between the teacher/institution and the learner.
- The assessment criteria are the same for all learners.
- The assessment criteria are decided by the teacher/institution.

S. Assessment of practice

S.1. Pattern of assessment

- The pattern of assessment is decided by the learner.
- The pattern of assessment is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The pattern of assessment is the same for all learners.
- The pattern of assessment is decided by the teacher/institution and/or the clinical assessor.

S.2. Timing of assessment

- The date/time of the assessment is decided by the learner.
- The date/time of the assessment is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The date/time of the assessment is the same for all learners.
- The date/time is decided by the teacher/institution and/or the clinical assessor.

S.3. Method of assessment

- The method of assessment is decided by the learner.
- The method of assessment is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The method of assessment is the same for all learners.
- The method of assessment is decided by the teacher/institution and/or the clinical assessor.

S.4. Form of assessment evidence

- The form of assessment evidence is decided by the learner.

- The form of the assessment evidence is negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The form of assessment evidence is the same for all learners.
- The form of the assessment evidence is decided by the teacher/institution and/or the clinical assessor.

S.5. Assessment criteria

- The assessment criteria are decided by the learner.
- The assessment criteria are negotiated between the teacher/institution and/or the clinical assessor and the learner.
- The assessment criteria are the same for all learners.
- The assessment criteria are decided by the teacher/institution and/or the clinical assessor.

EVALUATION

T. Evaluation

- Learners and employers are involved in the evaluation.
- Learners and employers are not involved in the evaluation.

Appendix G

The Performance Indicators

A. Planning the module/programme

This set of indicators is concerned with the management of the planning of the module/programme. Effective management in this area would be characterised by the involvement of potential learners and employers with teaching staff in the planning process.

The main purposes of effective management in this area are: to improve access and availability; to improve the provision of relevant learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the planning of the module/programme:

1. How is the involvement of learners and employers in planning the module/programme stated in policy documents?
2. How is equality of opportunity ensured in the involvement of learner and employers in planning the module/programme?
3. How do employment policies and staff deployment take account of the effects on the teaching staff of involving learners and employers in planning the module programme?
4. What provision is there for the development of staff involved in the planning of the module/programme?
5. How are the resources required for involving learners and employers in planning the module/programme considered?
6. How are those involved in planning the module/programme informed of the extent to which flexibility should underpin provision?

Process

In respect of the flexibility achieved through the planning of the module/programme:

7. How is the effect of involving learners and employers in planning the module/programme monitored?
8. How is the effective use of resources analysed during the planning of the module/programme which involves learners and employers?

Outcomes

In respect of the flexibility achieved through the planning of the module/programme:

9. In what ways do those involved in planning the module/programme - the learners and the employers - have a clearer understanding of the implications of flexibility?
10. How has the involvement of learners and employers in planning the module/programme enabled the needs of the stakeholders to be met?
11. How effectively are resources used in involving learners and employers in planning the module/programme?
12. How is the involvement of learners and employers in planning the module/programme evaluated?
13. What improvements are made to the involvement of learners and employers in planning the module/programme?

B. Modularisation

This set of indicators is concerned with the management of the modular nature of the programme. Effective programme management in this area would be characterised by ensuring that the learners gain the benefits that can arise from the extended choice which modularisation, and where possible the breaking down of modules into smaller units, can bring.

The main purposes of effective management in this area are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of the flexibility achieved through the modularisation of programmes:

1. How is the extent to which flexibility, achieved through the modularisation of programmes, should underpin provision stated in policy documents?
2. How is equality of opportunity ensured in flexible provision through the modularisation of programmes?
3. How is flexibility of provision achieved through the modularisation of programmes influenced by the needs of the stakeholders?
4. What provision is there for the development of staff?
5. How do employment policies and staff deployment take account of the effect of the modularisation of programmes on teaching staff?
6. How are the resources required for flexible provision through the modularisation of programmes considered?
7. How are those involved in providing the programme informed of the extent to which flexibility through the modularisation of programmes should underpin provision?
8. How do the programme documents indicate the parameters within which negotiation about the flexibility of provision resulting from the modularisation of programmes can take place?
9. How is information about the flexibility of provision resulting from the modularisation of programmes made available to the learner?

Process

In respect of the flexibility achieved through the modularisation of programmes:

10. How is the effect on the work of members of staff resulting from the modularisation of programmes monitored?
11. How is the effective use of resources analysed during a modular programme?
12. How is information for learners on any changes in the modular nature of the programme updated?
13. How do learners negotiate variations in the modular nature of the programme?
14. How is time made available in the programme for the teacher and learner to negotiate variations in the modular nature of the programme?

Outcomes

In respect of the flexibility achieved through the modularisation of programmes:

15. In what ways do those involved in providing the modular programme have a clearer understanding of the implications of the flexibility achieved through modularisation?
16. How has the provision of a modular programme enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the provision of the modular programme?
18. How are negotiations on the modular nature of the programme conducted within the parameters described in the programme documents?
19. How are the learners' individual needs met through the provision of a modular programme?
20. How is the flexibility achieved through the modular programme evaluated?
21. What improvements are made to the flexibility achieved by the provision of a modular programme?

C. Credit-rating

This set of indicators is concerned with the management of the credit-rating of the module/programme. Effective management of flexible provision in this area would be characterised by ensuring that, where possible, the module/programme is appropriately credit-rated and that the credit-rating is known.

The main purpose of effective management in this area is to encourage self-direction in professional development.

Pre-conditions

In respect of the flexibility achieved through the credit-rating of the module/programme:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. What provision is there for the development of staff?
5. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
6. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the credit-rating of the module/programme:

7. How is information for learners on any changes in the flexibility of provision updated?

Outcomes

In respect of the flexibility achieved through the credit-rating of the module/programme:

8. How has flexible provision enabled the needs of the stakeholders to be met?
9. How are the learners' individual needs met?
10. How is the flexibility of provision evaluated?
11. What improvements are made to the flexibility of the module/programme?

D. Choice available to the learner
D.1. Choice and recruitment
D.2. Choice and pre-conditions
D.3. Choice of the module/programme

This set of indicators is concerned with the management of the availability of modules/programmes particularly in relation to potential constraints on availability. These constraints could include: a requirement for a minimum enrolment of learners before the module programme will run and an upper limit to the number of learners who may enrol. Effective management therefore would be characterised minimising the constraints on the availability of the module/programme.

This set of indicators is also concerned with the management of the range of choice of modules/programmes available to the learner. Performance in this area is concerned with optimising choice and ensuring that the learner's choice of modules is not unreasonably constrained. Examples unreasonable constraint would include an unnecessary requirement that modules should be taken in a particular order or, where modules are chosen from groups of modules, that a module can only be chosen from one group.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions
In respect of the flexibility achieved through the choice of modules/programmes available to the learner:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is the range of choice influenced by the needs of the customer?
4. How do employment policies and staff deployment take account of the effect on staff of flexible provision?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How have all those involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about the range of the choice of module/programme can take place?
9. How is information about the range of choice made available to the learner?
10. *How does the design of the programme achieve an appropriate balance between core and option modules?*
11. *How wide is the range of modules/programmes at different levels from which learners can select the module/programme?*
12. *How are learners guided in their choice of module/programme?*

Process
In respect of the flexibility achieved through the choice of modules/programmes available to the learner:

13. How is the effect on the work of members of staff monitored?
14. How is the effective use of resources analysed during the module/programme?
15. How is information for learners on any changes updated?
16. How do learners negotiate variations in provision?
17. How is time made available in the module/programme for the teacher and learner to negotiate choices?

18. How are all college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?
19. How can choices made at the outset of a programme be re-negotiated to meet the learner's needs?

Outcomes
In respect of the flexibility achieved through the choice of modules/programmes available to the learner:
20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?
27. How does information on the modules/programmes facilitate the choices made by the learners?
28. How has choosing appropriate modules enabled the learners to follow a coherent pathway?
29. How many learners study a further module?
30. How satisfied are learners with the range of modules/programmes offered?
31. How satisfied are learners with the guidance offered?

E. Starting date of module/programme.

This set of indicators is concerned with managing the starting date of the module/programme. Effective management would be characterised by providing learners with a range of starting dates for the module/programme or by allowing the module programme to start at any time.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the starting dates of the module/programme:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3 How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effects of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. How do administrative systems allow flexibility in module/programme starting date?
11. How are seasonal factors and holidays considered?
12. How are semester and/or term times considered?
13. How does the design of the module enable learners to join at more than one point in the year?
14. How are the staff of the providing institution made aware of the starting dates of modules/programmes in advance?
15. How does the negotiation of starting date take ENB regulations into account?

Process

In respect of the flexibility achieved through the starting dates of the module/programme:

16. How is the effect of flexible provision on the work of members of staff monitored?
17. How is the effective use of resources analysed during the module/programme?
18. How is information for learners on any changes in the flexibility of provision updated?
19. How are learners able to negotiate any variations in provision?
20. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the starting dates of the module/programme:

21. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
22. How has flexible provision enabled the needs of the stakeholders to be met?
23. How effectively are resources used in the flexible provision of the module/programme?
24. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?
25. How are the learners' individual needs met?
26. How is the flexibility of provision evaluated?
27. What improvements are made to the flexibility of the module/programme?

28. Do the starting dates of modules enables learners to study further modules?

F. Entry to the module/programme

F.1. Provision of information to potential learners

This set of indicators is concerned with the management of the provision of information to potential learners. Effective management in this area would be characterised by the provision of 'Drop-in' Centres and 'Open Days' to inform potential learners about professional development opportunities.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs.

Pre-conditions

In respect of the flexibility achieved through the provision of information to potential learners:

1. How is the the provision of information to potential learners stated in policy documents?
2. How is equality of opportunity ensured?
3. How is the provision of information to potential learners influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect on the teaching staff of providing information to potential learners?
5. What provision is there for the development of staff?
6. How are the resources required for providing information to potential learners considered?
7. How are those involved in providing information to potential learners informed of the extent to which flexibility should underpin provision?

Process

In respect of the flexibility achieved through the provision of information to potential learners:

8. How is the effect of providing information to potential learners on the work of members of staff monitored?
9. How is the effective use of resources analysed during the provision of information to potential learners?

Outcomes

In respect of the flexibility achieved through the provision of information to potential learners:

10. In what ways do those involved in providing the information to potential learners have a clearer understanding of the implications of flexibility?
11. How has providing information to potential learners enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the provision of information to potential learners?
13. How does the provision of information to potential learners enable learners' individual needs to be met?
14. How is the provision of information to potential learners evaluated?
15. What improvements are made to the provision of information to potential learners?

F. Entry to the module/programme

F.2. Entry requirements

This set of indicators is concerned with the management of the requirements for entry to a module/programme. Effective management in this area would be characterised by minimising the entry requirements to the module/programme, allowing a range of entry requirements and accrediting prior experience for the purpose of entry to the module/programme.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the entry requirements:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *What is the policy on the use of AP(E)L as a way of meeting the entry requirements for the module/programme?*
11. *How is AP(E)L be used to meet the entry requirements for the module/programme?*
12. *How are the minimum entry requirements set?*
13. *What is the nature of the access programmes designed to facilitate entry to the module/programme?*
14. *What are the ways in which the entry requirements can be met?*
15. *How is guidance given to learners on how to meet the entry requirements?*

Process

In respect of the flexibility achieved through the entry requirements:

16. How is the effect of flexible provision on the work of members of staff monitored?
17. How is the effective use of resources analysed during the module/programme?
18. How is information for learners on any changes in the flexibility of provision updated?
19. How do learners negotiate any variations in provision?
20. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes/outputs

In respect of the flexibility achieved through the entry requirements:

21. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
22. How has flexible provision enabled the needs of the stakeholders to be met?
23. How effectively are resources used in the flexible provision of the module/programme?
24. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
25. How are the learners' individual needs met?
26. How is the flexibility of provision evaluated?
27. What improvements are made to the flexibility of the module/programme?

28. How do learners meet the requirements of entry to the module/programme in a variety of ways?
29. How do pass-rates and completion rates indicate that learners are not disadvantaged as a result of meeting the entry requirements in different ways?
30. How does the guidance on how to meet the entry requirements given to learners meet their needs?

F. Entry to the module/programme

F.3. Sponsorship

This set of indicators is concerned with the management of the sponsorship and support of learners by their employers. Effective management in this area would involve ensuring that communication between the learners, employers and the providing institution were such that access of learners to learning opportunities was optimised and that the learning of those taking the module/programme was appropriately supported.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs.

Pre-conditions

In respect of flexibility achieved through the sponsorship of learners:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of flexibility achieved through the sponsorship of learners:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of flexibility achieved through the sponsorship of learners:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

G. Modes of study available to the learner.

This set of indicators is concerned with the management of the modes of study available to the learner. Effective management of flexible provision in this area would be characterised by offering a range of modes of learning to the learner, for example, distance learning, intensive residential periods of study or evening sessions.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the modes of study:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effects of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *How are learners enabled to select any one of a wide range of modes of study?*
11. *Are learners offered guidance in their choice of modes of study?*

Process

In respect of the flexibility achieved through the modes of study:

12. How is the effect of flexible provision on the work of members of staff monitored?
13. How is the effective use of resources analysed during the module/programme?
14. How is information for learners on any changes in the flexibility of provision updated?
15. How are learners able to negotiate any variations in provision?
16. How is time made available in the module/programme for the teacher and learner to negotiate variations?
17. *How are teaching staff made aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module programme?*
18. *How are choices made at the outset of the programme re-negotiated to meet the learner's needs?*
19. *What is the nature of the staff development programme which is to enable staff to facilitate different modes of learning?*

Outcomes

In respect of the flexibility achieved through the range of modes of study:

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?
27. *Are learners satisfied with the range of modes of study offered?*

28. Are learners satisfied with the guidance offered?

H. Provision of the module/programme

H.1 Classroom based sessions

H.1.1 Scheduled times of classroom-based sessions

This set of indicators is concerned with the management of the time at which the module/programme is scheduled. Effective management in this area would be characterised by minimising the requirement on the learner to attend at a scheduled time, by for example offering a mode of learning which obviated the requirement, allowing the time of attendance to be negotiated, or by scheduling the times outside 'normal' working hours.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the scheduled time of the module/programme:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the scheduled time of the module/programme:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the scheduled time of the module/programme:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

H. Provision of the module/programme

H.1 Classroom based sessions

H.1.2 Starting and finishing times of classroom-based sessions

This set of indicators is concerned with the management of the starting and finishing times of the classroom-based sessions of the module/programme. Effective management in this area would be characterised by utilising a mode of learning which did not require preset starting and finishing times, or allowing starting and finishing times to be negotiated.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of the flexibility achieved through the starting and finishing times of the classroom-based sessions of the module/programme:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the starting and finishing times of the classroom-based sessions of the module/programme:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the starting and finishing times of the classroom-based sessions of the module/programme:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

H. Provision of the module/programme

H.1 Classroom based sessions

H.1.3 Location of classroom-based sessions

This set of indicators is concerned with the management of the location at which the module/programme is offered. Effective management in this area would be characterised by minimising the requirement on the learner to attend classroom-based sessions at a particular location by for example offering a mode of learning which obviated the requirement, or by providing the module at a number of different locations.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the location of the location of classroom-based sessions:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the location of the location of classroom-based sessions:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the location of the location of classroom-based sessions:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

H. Provision of the module/programme

H.2. Practice elements of the module/programme

H.2.1. Location of practice placement

This set of indicators is concerned with the management of the location of any practice elements of the module/programme. Effective management in this area would be characterised by ensuring that the provision of relevant learning experiences in the module/programme and access to educational opportunities were both optimised. For example, the desirability of requiring learners to have experience of practice in other settings would need to be set against the limitations such a requirement would have on access. Likewise, locating all the practice elements in the learner's own workplace would reduce the opportunities for learning by experiencing practice in other settings.

The main purposes of effective management in this area are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the location of practice placement:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the location of practice placement:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the location of practice placement:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

H. Provision of the module/programme

H.2. Practice element of the module/programme

H.2.1. Choice of practice placement

This set of indicators is concerned with the management of the choice of the practice placement. Effective management in this area would be characterised by for example, providing appropriate guidance to the learners if they are to arrange their own placements and monitoring the choice of placements to ensure that the purposes of effective management are achieved.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the choice of practice placement:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the choice of practice placement:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the choice of practice placement:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

H. Provision of the module/programme

H.2. Practice element of the module/programme

H.2.3. Constraints on the use of practice placements a result of quality controls

This set of indicators is concerned with the monitoring of the practice placements that are used during the module/programme. Effective management in this area would be characterised by ensuring that while the practice placements were adequately resourced for use during the module/programme, learners were not thereby unduly restricted because of the limitation on the number of places available.

The main purposes of effective management in this area are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the constraints on the practice placements:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the constraints on the practice placements:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the constraints on the practice placements:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

I. Requirement to attend

This set of indicators is concerned with the management of flexibility in respect of requirement to attend the providing institution. Effective management in this area would be characterised by minimising the requirement on the learner to attend by for example offering a mode of learning which obviated the requirement or by allowing attendance to be negotiated.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the requirement to attend:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *How does the requirement to attend take account of the distance from the study centre and social, economic and employment factors?*
11. *How is staff availability and utilisation considered in relation to the learners' obligation to attend?*
12. *How are the attendance needs of individual learners assessed?*
13. *How is the requirement to attend negotiated?*
14. *How are resources made available to support a negotiated expectation of attendance?*
15. *How are learners given acceptable notice of requirements to attend?*

Process

In respect of the flexibility achieved through the requirement to attend:

16. How is the effect of flexible provision on the work of members of staff monitored?
17. How is the effective use of resources analysed during the module/programme?
18. How is information for learners on any changes in the flexibility of provision updated?
19. How do learners negotiate any variations in provision?
20. How is time made available in the module/programme for the teacher and learner to negotiate variations?
21. Is learner attendance monitored?
22. Is there assistance for learners who are experiencing difficulty in achieving minimum attendance?

Outcomes

In respect of the flexibility achieved through the requirement to attend:

23. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
24. How has flexible provision enabled the needs of the stakeholders to be met?
25. How effectively are resources used in the flexible provision of the module/programme?
26. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
27. How are the learners' individual needs met?

28. How is the flexibility of provision evaluated?
29. What improvements are made to the flexibility of the module/programme?
30. How many learners achieve the required attendance pattern?
31. What are the differences in outcomes for learners who attend less often than others?

J. Payment for attending/studying

This set of indicators is concerned with the management of the payment of learners for attendance at scheduled sessions of the module/programme or for time spent studying for the module/programme. Effective management in this area would be characterised by ensuring that learners were either paid for attendance/study time or given some form of payment in kind such as time of in lieu.

The main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of the flexibility achieved through the method of payment:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Process

In respect of the flexibility achieved through the method of payment:

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the method of payment:

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

K. Payment of the module/programme fee

K.1. Source of payment

This set of indicators is concerned with the management of the source of the payment of the fee for the module/programme. Effective management in this area would be characterised by arranging for the fee for the module/programme to be paid by the learner's employer or for the employer to offer the learner an interest free loan to cover the cost of the fee.

The main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of flexibility achieved through the source of payment of the module/programme fee:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Outcomes

In respect of flexibility achieved through the source of payment of the module/programme fee:

10. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
11. How has flexible provision enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the flexible provision of the module/programme?
13. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?

14 How are the learners' individual needs met?

15. How is the flexibility of provision evaluated?
16. What improvements are made to the flexibility of the module/programme?

K. Payment of the module/programme fee

K.2. Method of payment

This set of indicators is concerned with the management of how payment of the module/programme fee is made particularly if the learner is paying for her/himself. Effective management in this area would be characterised by arranging for the fee for the module/programme to be paid in a number of ways such as in cash, by cheque or by credit card.

The main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs.

Pre-conditions

In respect of flexibility achieved through the method of payment of the module/programme fee:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Outcomes

In respect of flexibility achieved through the method of payment of the module/programme fee:

10. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
11. How has flexible provision enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the flexible provision of the module/programme?
13. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
14. How are the learners' individual needs met?
15. How is the flexibility of provision evaluated?
16. What improvements are made to the flexibility of the module/programme?

K. Payment of the module/programme fee

K.3. Time of payment

This set of indicators is concerned with the management of when the fee for the module/programme is paid. Effective management in this area would be characterised by arranging for the fee for the module/programme to be paid over an extended period or after the module/programme is completed.

The main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

Pre-conditions

In respect of flexibility achieved through the timing of the payment for the module/programme fee:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

Outcomes

In respect of flexibility achieved through the timing of the payment for the module/programme fee:

10. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
11. How has flexible provision enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the flexible provision of the module/programme?
13. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
14. How are the learners' individual needs met?
15. How is the flexibility of provision evaluated?
16. What improvements are made to the flexibility of the module/programme?

L. Finishing date of module/programme

This set of indicators is concerned with the managing the finishing date of the module/programme. Characteristics of effective management in this area would include having no pre-set finishing date, allowing negotiation or having a range of appropriate finishing dates.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of the flexibility achieved through the finishing dates of the module/programme:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effects of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the implications of the resources required for flexible provision considered?
7. How has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *How are administrative systems set up to allow flexibility in module/programme finishing date?*
11. *How are seasonal factors and holidays considered?*
12. *How are semester and/or term times considered?*
13. *How can the finishing date be changed during the module/programme to meet the needs of the learner?*
14. *How are the examination procedures appropriate for the finishing dates of the modules/programmes?*
15. *How do staff of the providing institution know the finishing dates of modules/programmes in advance?*
16. *How does the negotiation of finishing date take ENB regulations into account?*

Process

In respect of the flexibility achieved through the finishing dates of the module/programme:

17. How is the effect of flexible provision on the work of members of staff monitored?
18. How is the effective use of resources analysed during the module/programme?
19. How is information for learners on any changes in the flexibility of provision updated?
20. How are learners able to negotiate any variations in provision?
21. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of the flexibility achieved through the finishing dates of the module/programme:

22. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
23. How has flexible provision enabled the needs of the stakeholders to be met?
24. How effectively are resources used in the flexible provision of the module/programme?
25. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?

26. How are the learners' individual needs met?
27. How is the flexibility of provision evaluated?
28. What improvements are made to the flexibility of the module/programme?
29. How do the finishing dates of modules enables learners to study further modules?

M. Content of module/programme

This set of indicators is concerned with the management of the variation of the module/programme content. Effective management in this area would be characterised by having a wide range of content for a module/programme, learners negotiating the content of the module/programme or learners being exempt from part of it through, for example, the accreditation of prior (experiential) learning (AP(E)L).

The main purposes of effective management in this area are: to improve the relevance of the learning experiences; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of the flexibility achieved through the content of the module:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *What is the policy for the accreditation of prior (experiential) learning?*
11. *How is the content of the module/programme relevant to contemporary care practices?*
12. *What is the availability of teachers for guiding the AP(E)L process?*

Process

In respect of the flexibility achieved through the content of the module:

13. How is the effect of flexible provision on the work of members of staff monitored?
14. How is the effective use of resources analysed during the module/programme?
15. How is information for learners on any changes in the flexibility of provision updated?
16. How do learners negotiate any variations in provision?
17. How is time made available in the module/programme for the teacher and learner to negotiate variations?
18. *How does the AP(E)L scheme operate?*
19. *How is the relevance of content evaluated during the module/programme?*
20. *How is the range of content negotiated by the learner documented?*

Outcomes

In respect of the flexibility achieved through the content of the module:

21. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
22. How has flexible provision enabled the needs of the stakeholders to be met?
23. How effectively are resources used in the flexible provision of the module/programme?
24. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
25. How are the learners' individual needs met?
26. How is the flexibility of provision evaluated?
27. What improvements are made to the flexibility of the module/programme?
28. *Can learners demonstrate achievement of learning outcomes?*

29. Are learners satisfied with the negotiation process?

N. Teaching and learning activities

This set of indicators is concerned with the management of the range and kind of teaching and learning activities used. Effective management in this area would be characterised by the use of a wide range of teaching and learning activities which minimised the use of teacher-centred didactic activities and maximised active learner participation so that the learner is not simply the passive recipient of instruction. Negotiation of teaching and learning activities would also feature.

The main purposes of effective management in this area are: to improve the relevance of the learning experiences; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of flexibility achieved through teaching and learning activities:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *What is the agreed strategy for assessing the learning styles of individual learners?*
11. *How do teacher:learner ratios allow a variety of teaching and learning activities to be used?*

Process

In respect of flexibility achieved through teaching and learning activities:

12. How is the effect of flexible provision on the work of members of staff monitored?
13. How is the effective use of resources analysed during the module/programme?
14. How is information for learners on any changes in the flexibility of provision updated?
15. How do learners negotiate any variations in provision?
16. How is time made available in the module/programme for the teacher and learner to negotiate variations?
17. *How are teaching styles adapted to individual learning styles?*
18. *How are learners enabled to identify their own preferred learning styles at the beginning of the module/programme?*

Outcomes

In respect of flexibility achieved through teaching and learning activities:

19. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
20. How has flexible provision enabled the needs of the stakeholders to be met?
21. How effectively are resources used in the flexible provision of the module/programme?
22. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
23. How are the learners' individual needs met?
24. How is the flexibility of provision evaluated?
25. What improvements are made to the flexibility of the module/programme?
26. *How does the use of different learning styles throughout the module/programme enhance the learner's development ?*

27. How are the teaching and learning activities effective and appropriate?
28. How are learners able to achieve module outcomes in a variety of ways to suit their individual learning styles?

O. Resources for teaching and learning

O.1. The teacher as the resource for learning

This set of indicators is concerned with the management of the teacher as a resource for teaching and learning and the range of material resources, other than the teacher, that are provided for teaching and learning. Effective management in this area would be characterised by supporting the teacher by using others with specialist expertise and other resources such as texts, resource centres, libraries.

The main purposes of effective management in this area are: to improve the relevance of the learning experiences; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of flexibility achieved through supporting the teacher as the resource for learning:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *What library facilities accessible to learners?*

Process

In respect of flexibility achieved through supporting the teacher as the resource for learning:

11. How is the effect of flexible provision on the work of members of staff monitored?
12. How is the effective use of resources analysed during the module/programme?
13. How is information for learners on any changes in the flexibility of provision updated?
14. How do learners negotiate any variations in provision?
15. How is time made available in the module/programme for the teacher and learner to negotiate variations?
16. *What is the nature and availability of central services, for example, the library, postal library schemes, borrowing rights, inter-library loan schemes and information technology?*
17. *How are learners made aware of their entitlement to facilities?*
18. *What is the range of resources available?*
19. *What is the learners' level of satisfaction with the range of resources available?*

Outcomes

In respect of flexibility achieved through supporting the teacher as the resource for learning:

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?

25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?

P. Access to teacher guidance

P.1. Availability of teacher guidance

This set of indicators is concerned with the management of the availability of teacher guidance. Effective management in this area would be characterised by having teacher guidance available at all times or by having teacher guidance widely available by negotiation.

The main purposes of effective management in this area are: to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of flexibility achieved through the availability of tutorial guidance:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *How do staff development strategies ensure that teachers understand the guidance needed by learners on a flexible learning programme?*
11. *What is the agreed system for learners to access teacher guidance?*
12. *How is the entitlement of learners to guidance made clear in the module/programme documentation?*
13. *How is the effect of teacher:learner ratios on teacher guidance considered?*

Process

In respect of flexibility achieved through the availability of tutorial guidance:

14. How is the effect of flexible provision on the work of members of staff monitored?
15. How is the effective use of resources analysed during the module/programme?
16. How is information for learners on any changes in the flexibility of provision updated?
17. How do learners negotiate any variations in provision?
18. How is time made available in the module/programme for the teacher and learner to negotiate variations?
19. *What time is made available for teacher guidance?*

Outcomes

In respect of flexibility achieved through the availability of teacher guidance:

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?
27. *What factors influenced the achievement of the agreed teacher:learner ratio?*

P. Learner access to teacher guidance

P.2. The nature of teacher-learner contact

This set of indicators is concerned with the management of the nature of teacher-learner contact. Effective management in this area would be characterised by having a wide range of possible forms of contact - in person, by correspondence or by telephone - or by learners and teachers negotiating the kind of contact.

The main purposes of effective management in this area are: to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of flexibility achieved through the nature of teacher-learner contact:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *How do staff development strategies ensure that teachers understand the guidance needed by learners on a flexible learning programme?*
11. *What is the agreed system for learners to access teacher guidance?*
12. *How is the entitlement of learners to guidance made clear in the module/programme documentation?*
13. *How is face to face teacher guidance available?*
14. *How is the correct academic level of teacher guidance ensured?*

Process

In respect of flexibility achieved through the nature of teacher-learner contact:

15. How is the effect of flexible provision on the work of members of staff monitored?
16. How is the effective use of resources analysed during the module/programme?
17. How is information for learners on any changes in the flexibility of provision updated?
18. How do learners negotiate any variations in provision?
19. How is time made available in the module/programme for the teacher and learner to negotiate variations?
20. What time is made available for tutorial guidance?
21. *How are records kept of learners' progress including a record of guidance given?*
22. *How are learners able to identify their personal teachers?*
23. *How is networking encouraged to promote peer support?*

Outcomes

In respect of flexibility achieved through the nature of teacher-learner contact:

24. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
25. How has flexible provision enabled the needs of the stakeholders to be met?
26. How effectively are resources used in the flexible provision of the module/programme?
27. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
28. How are the learners' individual needs met?

29. How is the flexibility of provision evaluated?
30. What improvements are made to the flexibility of the module/programme?
31. How is the agreed teacher:learner ratio is achieved?
32. In what ways is tutorial guidance an effective resource for learners?

Q. Pace of progression through the module/programme

This set of indicators is concerned with the management of the pace of progression through the module/programme and who determines the pace of progression. Effective management in this area would be characterised by allowing the individual learner's pace through the module/programme to be controlled by the learner or to be negotiated between the teacher and the learner.

The main purpose of effective management in this area is to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of flexibility achieved through the pace of progression through the module:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. *How is information about the flexibility of provision made available to the learner?*
10. *How are the maximum and minimum times for progression through the module/programme specified by professional/academic regulations?*
11. *What access do learners have to institutional regulations on the maximum and minimum times for progression through the module/programme?*

Process

In respect of flexibility achieved through the pace of progression through the module:

12. How is the effect of flexible provision on the work of members of staff monitored?
13. How is the effective use of resources analysed during the module/programme?
14. How is information for learners on any changes in the flexibility of provision updated?
15. How do learners negotiate any variations in provision?
16. How is time made available in the module/programme for the teacher and learner to negotiate variations?

Outcomes

In respect of flexibility achieved through the pace of progression through the module;

17. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
18. How has flexible provision enabled the needs of the stakeholders to be met?
19. How effectively are resources used in the flexible provision of the module/programme?
20. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
21. How are the learners' individual needs met?
22. How is the flexibility of provision evaluated?
23. What improvements are made to the flexibility of the module/programme?
24. *In what ways is the curriculum sufficiently flexible to allow learners to determine the pace of progression?*
25. *How is guidance available for learners progressing at a different pace?*

26. What evidence is there of learners progressing at different paces through the module/programme?
27. How does the teacher able to cope with individualised programmes?
28. How is pace of progression negotiated to meet learners' individual needs?
29. How are teaching and earning strategies adjust to changes in the pace of progression?
30. What is the availability of staff to manage learners progressing at their own pace?
31. How is learner progression through the module/programme documented?

R. Assessment of theory

R.1. Pattern of assessment
R.2. Timing of assessment
R.3. Assessment task
R.4. Form of assessment evidence
R.5. Assessment criteria

This set of indicators is concerned with the management of the assessment of theory in the module/programme and it covers the pattern of assessment, the timing of assessment, the assessment task, the form of assessment evidence and assessment criteria. Effective management in this area would be characterised by allowing the learner to decide about the nature of the assessment process, the nature of the assessment process being negotiated between the teacher and learner or by allowing a range of options in the assessment process.

The main purposes of effective management in this area are: to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of the flexibility achieved through the pattern of assessment, the timing of assessment, the assessment task, the form of assessment evidence and assessment criteria:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *What mechanisms are in place which allow the assessment procedures within the institution to cope with flexibility of assessment?*
11. *What staff development programmes are provided to meet the needs of assessors of flexible learning?*
12. *What processes have been developed to enable flexibility in the pattern of assessment?*
13. *How is the number of attempts learners have at any particular assessment stated in module/programme documents?*
14. *How is the extent of flexibility in the pattern of assessment stated in the module/programme documents?*
15. *How are assessment guidelines and criteria made available for learners at an appropriate time?*
16. *How does module/programme planning allow for a range of assessments to be used?*
17. *How are the different types of assessment comparable and appropriate?*

Process

In respect of the flexibility achieved through the number of assessments:

18. How is the effect of flexible provision on the work of members of staff monitored?
19. How is the effective use of resources analysed during the module/programme?
20. How is information for learners on any changes in the flexibility of provision updated?
21. How do learners negotiate any variations in provision?

22. How is time made available in the module/programme for the teacher and learner to negotiate variations?
23. How do learners receive adequate guidance during the assessment process?
24. What guidance available for all learners wishing to negotiate the methods of assessment?
25. How is the range of assessment tasks subject to moderation?
26. How are assessment criteria available for learners at an appropriate time?

Outcomes
In respect of the flexibility achieved through the number of assessments:
27. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
28. How has flexible provision enabled the needs of the stakeholders to be met?
29. How effectively are resources used in the flexible provision of the module/programme?
30. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
31. How are the learners' individual needs met?
32. How is the flexibility of provision evaluated?
33. What improvements are made to the flexibility of the module/programme?
34. *How do the assessment procedures within the institution cope effectively with flexible patterns of assessments?*
35. How is the pattern of assessment monitored for examination boards?
36. How is the pattern of assessment appropriate?
37. What is the variety of assessment methods that have been negotiated?
38. What records are kept of the methods of assessment chosen?
39. How do the pass rates for flexible and traditional assessment methods compare?
40. How do learners negotiate the assessment method?

S. Assessment of practice
S.1. Pattern of assessment
S.2. Timing of assessment
S.3. Method of assessment
S.4. Form of assessment evidence
S.5. Assessment criteria

This set of indicators is concerned with the management of the assessment of practice in the module/programme and it covers the pattern of assessment, the timing of assessment, the method of assessment, the form of assessment evidence and assessment criteria. Effective management in this area would be characterised by allowing the learner to decide about the nature of the assessment process, the nature of the assessment process being negotiated between the teacher and learner, or by allowing a range of options in the assessment process.

The main purposes of effective management in this area are: to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.

Pre-conditions
In respect of the flexibility achieved through the pattern of assessment, the timing of assessment, the method of assessment, the form of assessment evidence and assessment criteria:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *How is assessment of practice acknowledged as an important component of the learning experience?*
11. *What is the relationship between the level of skills in the clinical area and the academic level of the module/programme?*
12. *How are the criteria selected for assessment of practice appropriate for the module/programme?*
13. *What is the nature of professional development programme to assist staff to prepare for and maintain their role in assessment of practice?*
14. *How is it established that there are sufficient qualified staff for the role of assessors of clinical practice?*
15. *What is the strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?*
16. *How have practice placement areas been audited for suitability?*
17. *Are strategies employed to enable learners to negotiate practice outcomes at the appropriate level?*
18. *How does the design of the documentation enable the assessor to record and monitor progress and achievement?*

Process
In respect of the flexibility achieved through the number of assessments:

O. Resources for teaching and learning

O.2. The use of learning packages

This set of indicators is concerned with the management of the use of teaching and learning packages such as text-based independent study materials. Effective management in this area would be characterised by the use of such resources in conjunction with other resources such as teachers and peers, new technologies and texts.

The main purposes of effective management in this area are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.

Pre-conditions

In respect of flexibility achieved through the use of learning packages:

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. *What library facilities accessible to learners?*

Process

In respect of flexibility achieved through the use of learning packages:

11. How is the effect of flexible provision on the work of members of staff monitored?
12. How is the effective use of resources analysed during the module/programme?
13. How is information for learners on any changes in the flexibility of provision updated?
14. How do learners negotiate any variations in provision?
15. How is time made available in the module/programme for the teacher and learner to negotiate variations?
16. *What is the nature and availability of central services, for example, the library, postal library schemes, borrowing rights, inter-library loan schemes and information technology?*
17. *How are learners made aware of their entitlement to facilities?*
18. *What is the range of resources available?*
19. *What is the learners' level of satisfaction with the range of resources available?*

Outcomes

In respect of flexibility achieved through the use of learning packages:

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?

19. How is the effect of flexible provision on the work of members of staff monitored?
20. How is the effective use of resources analysed during the module/programme?
21. How is information for learners on any changes in the flexibility of provision updated?
22. How do learners negotiate any variations in provision?
23. How is time made available in the module/programme for the teacher and learner to negotiate variations?
24. Is time available during the placement for the learner and assessor to negotiate possible approaches to assessment?
25. Are assessment criteria available for learners at an appropriate time?
26. What is the support structure for assessors of practice?
27. How is it established that there are suitably qualified staff assessing the learners in the clinical area?
28. How is placement audit information used to ensure a learning experience of appropriate quality?
29. What guidance is there for learners in the clinical area?
30. How is the learner's progress through a placement monitored?
31. How is it ensured that placement areas are not overloaded with learners seeking experience?
32. What staff development programmes are available to update assessors?

Outcomes
In respect of the flexibility achieved through the number of assessments:
33. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
34. How has flexible provision enabled the needs of the stakeholders to be met?
35. How effectively are resources used in the flexible provision of the module/programme?
36. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
37. How are the learners' individual needs met?
38. How is the flexibility of provision evaluated?
39. What improvements are made to the flexibility of the module/programme?
40. Is the assessment process appropriate for the module/programme.
41. Is there acceptable pass rate?

T. Evaluation

This set of indicators is concerned with the management of the evaluation of flexible learning. Effective management in this area would be characterised by the involvement of appropriate stakeholders, such as potential learners and employers, with teaching staff in the evaluation which would cover all the aspects of flexible provision.

The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.

In respect of the flexibility achieved through the involvement of learners and employers in the evaluation of all the aspects of flexible provision:

1. How is the extent to which flexibility underpins provision stated in policy documents evaluated?
2. How is equality of opportunity in flexible provision evaluated?
3. How is the way in which the needs of the stakeholders influence provision evaluated?
4. How is the way in which employment policies and staff deployment take account of the effect of flexible provision on the teaching staff evaluated?
5. How is the consideration of resources required for flexible provision evaluated?
6. How is the way in which those involved in providing the module/programme are informed of the extent to which flexibility should underpin provision evaluated?
7. How is the way in which the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place evaluated?
8. How is the way in which information about the flexibility of provision is made available to the learner evaluated?
9. How is the monitoring of the effect of flexible provision on the work of members of staff evaluated?
10. How is the analysis of the effective use of resources during the module/programme evaluated?
11. How is the updating of information for learners on any changes in the flexibility of provision evaluated?
12. How is the way in which learners negotiate any variations in provision evaluated?
13. How is the way in which time is made available in the module/programme for the teacher and learner to negotiate variations evaluated?
14. How are the ways in which those involved in providing the module/programme have a clearer understanding of the implications of flexibility evaluated?
15. How are the ways in which flexible provision has enabled the needs of the stakeholders to be met evaluated?
16. How are the ways in which resources are used in the flexible provision of the module/programme evaluated?
17. How is the way in which negotiations on flexibility are conducted within the parameters described in the module/programme documents evaluated?
18. How is the way in which the learners' individual needs are met evaluated?
19. In what ways does the evaluation strategy incorporate all the dimensions of flexible learning?
20. What improvements are made to the flexibility of the module/programme as a result of the evaluation?
21. *How does the evaluation strategy cope with the flexible nature of the module/programme?*
22. *How is the evaluation format appropriate for flexible learning?*
23. *What is the nature of the audit tool which evaluates practice under all the performance indicators in the effective management of flexible learning?*

Appendix H

Membership of the Expert Group

Membership of Expert Group

Membership of the Project Expert Group was as follows:

Rose Allen, Avon and Gloucester College of Health Studies

Linda Brown, University of the South Bank

Cathy Hull*, MacMillan Open Learning

Jan Kelly, Synapse Flexible Learning Unit, Trafford General Hospital and Independent Consultant

Liz Redfern, Independent Consultant

(* unable to contribute to the work of the Project)